NATIONWIDE INPATIENT SAMPLE
NIS 1990-1996 INPATIENT DATA

HCUP-3
HEALTHCARE COST AND UTILIZATION PROJECT

File Specifications and Record Layouts for the NIS 1990-1996 Inpatient Stay Core files are in FILESPC1.PDF, FILESPC2.PDF, FILESPC3.PDF, FILESPC4.PDF, and FILESPC5.PDF.

HCUP-3 VARIABLE INDEX
NIS 1990-1996 INPATIENT DATA

Page Numbers					Years of Availability						
Counts	Percents	Notes	Variable Name	Variable Label	90	91	92	93	94	95	96
8	9	10	ADAYWK	I:Admission day of week	✓	✓	✓	✓	✓	✓	✓
13	14	15	AGE	I:Age in years at admission	✓	✓	✓	✓	✓	✓	✓
23	24	25	AGEDAY	I:Age in days (when < 1 year)	✓	✓	✓	✓	✓	✓	✓
30	31	32	AMONTH	I:Admission month	✓	✓	✓	✓	✓	✓	✓
33	34	35	ASOURCE	I:Admission source	✓	✓	✓	✓	✓	✓	✓
40	41	42	ATYPE	I:Admission type	✓	✓	✓	✓	✓	✓	✓
47	47	48	DCCHPR1	I:CCHPR: principal diagnosis	✓	✓	✓	✓	✓	✓	✓
49	49	50	DIED	I:Died during hospitalization	✓	✓	✓	✓	✓	✓	✓
51	52	53	DISP	I:Disposition of patient	✓	✓	✓	✓	✓	✓	✓
60	60	61	DQTR	I:Discharge quarter	✓	✓	✓	✓	✓	✓	✓
62	62	63	DRG	I:DRG in effect on discharge date	✓	✓	✓	✓	✓	✓	✓
67	67	68	DRG10	I:DRG, Version 10	✓	✓	✓	✓	✓	✓	✓

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Counts	Percents	Notes	Variable Name	Variable Label	90	91	92	93	94	95	96
72	73	74	DRGVER	I:DRG grouper version used on disch date	✓	✓	✓	✓	✓	✓	✓
75	75	76	DSHOSPID	State Hospital ID Number	✓	✓	✓	✓	✓	✓	✓
80	81	82	DSNDX	I:Max number of diagnoses from source	✓	✓	✓	✓	✓	✓	✓
83	84	85	DSNPR	I:Max number of procedures from source	✓	✓	✓	✓	✓	✓	✓
86	88	90	DSNUM	I:Data source ID number	✓	✓	✓	✓	✓	✓	✓
91	91	92	DSTYPE	I:Data source type	✓	✓	✓	✓	✓	✓	✓
93	93	94	DX1	I:Principal diagnosis	✓	✓	✓	✓	✓	✓	✓
102	102	116	DX2	I:Diagnosis 2	✓	✓	✓	✓	✓	✓	✓
103	103	116	DX3	I:Diagnosis 3	✓	✓	✓	✓	✓	✓	✓
104	104	116	DX4	I:Diagnosis 4	✓	✓	✓	✓	✓	✓	✓
105	105	116	DX5	I:Diagnosis 5	✓	✓	✓	✓	✓	✓	✓
106	106	116	DX6	I:Diagnosis 6	✓	✓	✓	✓	✓	✓	✓
107	107	116	DX7	I:Diagnosis 7	✓	✓	✓	✓	✓	✓	✓
108	108	116	DX8	I:Diagnosis 8	✓	✓	✓	✓	✓	✓	✓
109	109	116	DX9	I:Diagnosis 9	✓	✓	✓	✓	✓	✓	✓
110	110	116	DX10	I:Diagnosis 10	✓	✓	✓	✓	✓	✓	✓
111	111	116	DX11	I:Diagnosis 11	✓	✓	✓	✓	✓	✓	✓

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Counts	**Percents**	**Notes**	**Variable Name**	**Variable Label**	**90**	**91**	**92**	**93**	**94**	**95**	**96**	
112	112	116	DX12	I:Diagnosis 12	✓	✓	✓	✓	✓	✓	✓	
113	113	116	DX13	I:Diagnosis 13	✓	✓	✓	✓	✓	✓	✓	
114	114	116	DX14	I:Diagnosis 14	✓	✓	✓	✓	✓	✓	✓	
115	115	116	DX15	I:Diagnosis 15	✓	✓	✓	✓	✓	✓	✓	
124	124	125	DXSYS	I:Diagnosis coding system	✓	✓	✓	✓	✓	✓	✓	
126	126	127	DXV1	I:Validity flag: principal diagnosis	✓	✓	✓	✓	✓	✓	✓	
128	128	142	DXV2	I:Validity flag: diagnosis 2	✓	✓	✓	✓	✓	✓	✓	
129	129	142	DXV3	I:Validity flag: diagnosis 3	✓	✓	✓	✓	✓	✓	✓	
130	130	142	DXV4	I:Validity flag: diagnosis 4	✓	✓	✓	✓	✓	✓	✓	
131	131	142	DXV5	I:Validity flag: diagnosis 5	✓	✓	✓	✓	✓	✓	✓	
132	132	142	DXV6	I:Validity flag: diagnosis 6	✓	✓	✓	✓	✓	✓	✓	
133	133	142	DXV7	I:Validity flag: diagnosis 7	✓	✓	✓	✓	✓	✓	✓	
134	134	142	DXV8	I:Validity flag: diagnosis 8	✓	✓	✓	✓	✓	✓	✓	
135	135	142	DXV9	I:Validity flag: diagnosis 9	✓	✓	✓	✓	✓	✓	✓	
136	136	142	DXV10	I:Validity flag: diagnosis 10	✓	✓	✓	✓	✓	✓	✓	
137	137	142	DXV11	I:Validity flag: diagnosis 11	✓	✓	✓	✓	✓	✓	✓	
138	138	142	DXV12	I:Validity flag: diagnosis 12	✓	✓	✓	✓	✓	✓	✓	

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139	139	142	DXV13	I:Validity flag: diagnosis 13	✓	✓	✓	✓	✓	✓	✓
140	140	142	DXV14	I:Validity flag: diagnosis 14	✓	✓	✓	✓	✓	✓	✓
141	141	142	DXV15	I:Validity flag: diagnosis 15	✓	✓	✓	✓	✓	✓	✓
143	143	144	HOSPID	HCUP-3 hospital ID number (SSHHH)	✓	✓	✓	✓	✓	✓	✓
145	147	149	HOSPST	Hospital state postal code	✓	✓	✓	✓	✓	✓	✓
150	189	228	HOSPSTCO	Hosptial state/county FTPS code	✓	✓	✓	✓	✓	✓	✓
229	229	231	LOS	I:Length of stay (cleaned)	✓	✓	✓	✓	✓	✓	✓
Min 230	Max 230	Mean 230	LOS	I:Length of stay (cleaned)	✓	✓	✓	✓	✓	✓	✓
236	236	237	LOS_X	I:Length of stay (uncleaned)	✓	✓	✓	✓	✓	✓	✓
242	242	243	MDC	I:MDC in effect on discharge date	✓	✓	✓	✓	✓	✓	✓
245	245	246	MDC10	I:MDC, Version 10	✓	✓	✓	✓	✓	✓	✓
249	249	250	MDID_S	I:Attending physician number (synthetic)	✓	✓	✓	✓	✓	✓	✓
255	258	261	NDX	I:Number of diagnoses on this discharge	✓	✓	✓	✓	✓	✓	✓
263	263	264	NEOMAT	I:Neonatal and/or maternal DX and/or PR	✓	✓	✓	✓	✓	✓	✓
265	267	269	NPR	I:Number of procedures on this discharge	✓	✓	✓	✓	✓	✓	✓
272	273	274	PAY1	I:Primary expected payer, uniform	✓	✓	✓	✓	✓	✓	✓
285	286	287	PAY1_N	I:Primary expected payer, nonuniform	✓	✓	✓	✓	✓	✓	✓

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Counts	**Percents**	**Notes**	**Variable Name**	**Variable Label**	**90**	**91**	**92**	**93**	**94**	**95**	**96**
301	302	303	PAY2	I:Secondary expected payer, uniform	✓	✓	✓	✓	✓	✓	✓
311	313	315	PAY2_N	I:Secondary expected payer, nonuniform	✓	✓	✓	✓	✓	✓	✓
325	325	326	PCCHPR1	I:CCHPR: principal procedure	✓	✓	✓	✓	✓	✓	✓
327	327	328	PR1	I:Principal procedure	✓	✓	✓	✓	✓	✓	✓
335	335	349	PR2	I:Procedure 2	✓	✓	✓	✓	✓	✓	✓
336	336	349	PR3	I:Procedure 3	✓	✓	✓	✓	✓	✓	✓
337	337	349	PR4	I:Procedure 4	✓	✓	✓	✓	✓	✓	✓
338	338	349	PR5	I:Procedure 5	✓	✓	✓	✓	✓	✓	✓
339	339	349	PR6	I:Procedure 6	✓	✓	✓	✓	✓	✓	✓
340	340	349	PR7	I:Procedure 7	✓	✓	✓	✓	✓	✓	✓
341	341	349	PR8	I:Procedure 8	✓	✓	✓	✓	✓	✓	✓
342	342	349	PR9	I:Procedure 9	✓	✓	✓	✓	✓	✓	✓
343	343	349	PR10	I:Procedure 10	✓	✓	✓	✓	✓	✓	✓
344	344	349	PR11	I:Procedure 11	✓	✓	✓	✓	✓	✓	✓
345	345	349	PR12	I:Procedure 12	✓	✓	✓	✓	✓	✓	✓
346	346	349	PR13	I:Procedure 13	✓	✓	✓	✓	✓	✓	✓
347	347	349	PR14	I:Procedure 14	✓	✓	✓	✓	✓	✓	✓

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Page Numbers					**Years of Availability**						
Counts	**Percents**	**Notes**	**Variable Name**	**Variable Label**	**90**	**91**	**92**	**93**	**94**	**95**	**96**
348	348	349	PR15	I:Procedure 15	✓	✓	✓	✓	✓	✓	✓
356	356	357	PRDAY1	I:No. of days from admission to PR1	✓	✓	✓	✓	✓	✓	✓
Min 363	Max 363	364	PROCESS	I:HCUP-3 discharge processing ID number	✓	✓	✓	✓	✓	✓	✓
365	365	366	PRSYS	I:Procedure coding system	✓	✓	✓	✓	✓	✓	✓
367	367	368	PRV1	I:Validity flag: principal procedure	✓	✓	✓	✓	✓	✓	✓
369	369	383	PRV2	I:Validity flag: procedure 2	✓	✓	✓	✓	✓	✓	✓
370	370	383	PRV3	I:Validity flag: procedure 3	✓	✓	✓	✓	✓	✓	✓
371	371	383	PRV4	I:Validity flag: procedure 4	✓	✓	✓	✓	✓	✓	✓
372	372	383	PRV5	I:Validity flag: procedure 5	✓	✓	✓	✓	✓	✓	✓
373	373	383	PRV6	I:Validity flag: procedure 6	✓	✓	✓	✓	✓	✓	✓
374	374	383	PRV7	I:Validity flag: procedure 7	✓	✓	✓	✓	✓	✓	✓
375	375	383	PRV8	I:Validity flag: procedure 8	✓	✓	✓	✓	✓	✓	✓
376	376	383	PRV9	I:Validity flag: procedure 9	✓	✓	✓	✓	✓	✓	✓
377	377	383	PRV10	I:Validity flag: procedure 10	✓	✓	✓	✓	✓	✓	✓
378	378	383	PRV11	I:Validity flag: procedure 11	✓	✓	✓	✓	✓	✓	✓
379	379	383	PRV12	I:Validity flag: procedure 12	✓	✓	✓	✓	✓	✓	✓
380	380	383	PRV13	I:Validity flag: procedure 13	✓	✓	✓	✓	✓	✓	✓

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Counts	Percents	Notes	Variable Name	Variable Label	90	91	92	93	94	95	96
381	381	383	PRV14	I:Validity flag: procedure 14	✓	✓	✓	✓	✓	✓	✓
382	382	383	PRV15	I:Validity flag: procedure 15	✓	✓	✓	✓	✓	✓	✓
384	385	386	RACE	I:Race	✓	✓	✓	✓	✓	✓	✓
Min 389	Max 389	390	SEQ	I:HCUP-3 record sequence number	✓	✓	✓	✓	✓	✓	✓
Min 391	Max 391	392	SEQ_SID	I:HCUP-3 SID record sequence number					✓	✓	✓
393	393	394	SEX	I:Sex	✓	✓	✓	✓	✓	✓	✓
395	395	396	SURGID_S	I:Primary surgeon number (synthetic)	✓	✓	✓	✓	✓	✓	✓
402	402	404	TOTCHG	I:Total charges (cleaned)	✓	✓	✓	✓	✓	✓	✓
Min 403	Max 403	Mean 403	TOTCHG	I:Total charges (cleaned)	✓	✓	✓	✓	✓	✓	✓
409	409	410	TOTCHG_X	I:Total charges (from data source)	✓	✓	✓	✓	✓	✓	✓
Min 415	Max 415	416	YEAR	Calendar year	✓	✓	✓	✓	✓	✓	✓
417	417	418	ZIPINC4	I:Median income-pt's zip code-4 categs	✓	✓	✓	✓	✓	✓	✓
419	420	421	ZIPINC8	I:Median income-pt's zip code-8 categs	✓	✓	✓	✓	✓	✓	✓

HCUP-3 CODE BOOK
NIS 1990-1996 INPATIENT DATA

ADAYWK   I:Admission day of week

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	Sunday	623,863	608,873	606,511	491,304	474,339	519,146	504,216
2	Monday	1,084,828	1,076,135	1,089,581	881,275	845,094	921,014	889,577
3	Tuesday	1,050,387	1,022,102	1,044,282	854,086	833,340	909,355	879,578
4	Wednesday	997,087	982,207	984,588	816,400	790,650	878,065	840,507
5	Thursday	980,576	958,408	963,005	787,376	773,214	858,512	818,219
6	Friday	921,889	912,790	911,327	744,262	737,420	824,665	797,337
7	Saturday	609,860	595,649	596,430	484,407	476,325	529,532	517,067
.	Missing*	25	24	20	1,431,351	1,390,572	1,200,788	1,219,848
.A	Invalid*	0	0	0	0	0	0	0
.B	Unavailable from source*	0	0	0	48,515	64,057	73,858	75,720

ADAYWK   I:Admission day of week

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	Sunday	9.95	9.89	9.79	7.51	7.43	7.73	7.71
2	Monday	17.31	17.48	17.59	13.48	13.24	13.72	13.60
3	Tuesday	16.76	16.60	16.85	13.06	13.05	13.54	13.44
4	Wednesday	15.91	15.95	15.89	12.49	12.38	13.08	12.85
5	Thursday	15.64	15.57	15.54	12.04	12.11	12.79	12.51
6	Friday	14.71	14.83	14.71	11.38	11.55	12.28	12.19
7	Saturday	9.73	9.68	9.63	7.41	7.46	7.89	7.90
.	Missing*	0.00	0.00	0.00	21.89	21.78	17.88	18.65
.A	Invalid*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.B	Unavailable from source*	0.00	0.00	0.00	0.74	1.00	1.10	1.16

ADAYWK   I:Admission day of week

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

Admission day of the week (ADAYWK) is calculated from the admission date (ADATE). If ADAYWK cannot be calculated (ADATE is missing or invalid), then:

-          ADAYWK is set to the supplied admission day of the week, if available.

-          ADAYWK is missing (.) if the supplied admission day of week is missing.

-          ADAYWK is unavailable from data source (.B) if the data source does not supply either
                    - admission date (ADATE) or
                    - admission day of the week.

If ADAYWK is out of range (ADAYWK NE 1-7) or non-numeric, it is set to invalid (.A).

Additional Notes Specific To NIS:

---- Connecticut ----

The HCUP-3 variable ADAYWK could not be assigned because Connecticut did not report an admission day of week and it could not be calculated from the admission date.

For admission date, Connecticut reported admission year and month, but did not provide the day of the month. During HCUP-3 processing, a day of "01" was imputed for all records. The imputed date was not used to calculate other variables or to perform edit checks.

ADAYWK   I:Admission day of week

---- Florida ----

For confidentiality purposes, admission day of week, ADAYWK, was set to missing (.) on all Florida discharges starting in 1993.

---- Maryland ----

During 1990-1992 HCUP-3 processing, only the calculated admission day of week could be used to assign ADAYWK because Maryland did not report admission day of week.

Beginning in 1993, Maryland reported admission day of week. During HCUP-3 processing, the reported admission day of week was assigned if ADAYWK could not be calculated from admission date.

---- Missouri ----

Only the calculated admission day of week could be used to assign ADAYWK because Missouri did not report admission day of week.

---- New York ----

ADAYWK could not be calculated because New York did not report full admission dates. During HCUP-3 processing, only the reported admission day of the week could be used to assign ADAYWK.

---- Pennsylvania ----

Prior to 1995, Pennsylvania did not report admission day of week. Only the calculated admission day of week could be used to assign ADAYWK.

Beginning in 1995, the data source reported admission day of week. During HCUP-3 processing, ADAYWK was assigned using the reported admission day of week if the day could not be calculated from admission date.

ADAYWK   I:Admission day of week

---- Tennessee ----

Only the calculated admission day of week could be used to assign ADAYWK because Tennessee did not report admission day of week.

AGE   I:Age in years at admission

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Nonmissing age	850,458	829,414	828,629	854,871	840,703	873,741	839,650
1-124	Nonmissing age	5,411,660	5,321,865	5,363,361	5,682,146	5,542,030	5,839,343	5,700,861
.	Missing*	3,025	2,372	1,892	194	418	111	121
.A	Invalid*	2,072	1,220	572	98	228	228	125
.B	Unavailable from source*	0	0	0	0	0	0	0
.C	Inconsistent*	1,300	1,317	1,290	1,667	1,632	1,512	1,312

AGE   I:Age in years at admission

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Nonmissing age	13.57	13.47	13.37	13.07	13.17	13.01	12.83
1-124	Nonmissing age	86.33	86.45	86.57	86.90	86.80	86.96	87.14
.	Missing*	0.05	0.04	0.03	0.00	0.01	0.00	0.00
.A	Invalid*	0.03	0.02	0.01	0.00	0.00	0.00	0.00
.B	Unavailable from source*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.C	Inconsistent*	0.02	0.02	0.02	0.03	0.03	0.02	0.02

AGE   I:Age in years at admission

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

Age in years (AGE) is calculated from the birth date (DOB) and the admission date (ADATE) with the following exceptions:

-       AGE is set to the supplied age if the age cannot be calculated (ADATE and/or DOB is missing or invalid).
        Note: If the supplied age is the age at discharge instead of the age at admission, then the supplied age is NOT used.

-       AGE is missing (.) if the age cannot be calculated and the supplied age is missing.

-       AGE is invalid (.A) if
                -       it is out of range (AGE NE 0-124) or
                -       the age cannot be calculated and the supplied age is non-numeric.

-       AGE is inconsistent (.C) if AGE is inconsistent with AGEDAY (ED021), neonatal diagnoses (ED301-ED3nn), maternal diagnoses (ED401-ED4nn), or maternal procedures (ED501-ED5nn).

-       AGE is unavailable from data source (.B) if the data source does not supply either
                - admission date (ADATE) and date of birth (DOB), or
                - age in years at admission.

An invalid/inconsistent calculated AGE is not replaced by the supplied age.

AGE   I:Age in years at admission

Additional Notes Specific To NIS:

---- All States ----

When processing the 1996 HCUP-3 inpatient data, no adjustment was made for the leap year when age was calculated from date of birth and admission date. This caused infants admitted on the day before their first birthday to have AGE=1 instead of AGE=0.

---- Arizona ----

The reported age was not used when AGE could not be calculated because Arizona supplied age at discharge. The appropriate edit check for consistency of reported and calculated ages could not be performed.

---- California ----

In all years, California assigned the date of birth to admission date when the admission date was not reported and the discharge had a principal diagnosis indicating a newborn (defined as DX1 equal to V3x.0x). This caused the calculated age to be 0 days.

Prior to 1995, California reported ages at discharge. Only the calculated age was used to assign AGE. The appropriate edit check for consistency of reported and calculated ages could not be performed.

Beginning in 1995, California reported ages at admission. When AGE could not be calculated from dates, the reported age was assigned.

---- Connecticut ----

Patient AGE could not be calculated from dates since Connecticut did not report full dates of birth. During HCUP-3 processing, only the reported age could be used to assign AGE. The appropriate edit check for consistency of reported and calculated ages could not be performed.

AGE   I:Age in years at admission

---- Illinois ----

Only the calculated age could be used to assign AGE because Illinois did not supply age in years. The appropriate edit check for consistency of reported and calculated ages could not be performed.

---- Iowa ----

AGE may differ by one year from the actual age. When only the year of birth is available, Iowa assigns the day and month of birth to '01', which may cause the age calculated from birth date to be one year less than the actual age.

---- Massachusetts ----

Ages greater than 100 years should be interpreted with caution. Age is calculated using the birth and admission date, but only a two-digit year for date of birth (DOB) was provided by the data source.

An additional indicator variable provided by the data source, the "Century Birth date," indicates whether the age of the patient was greater or less than 100 years. HCUP-3 Feasibility Study experience has shown that this indicator was often not set when it should have been. Thus, if the century indicator specified 1800 or the birth date occurred after the admit date, the century for the date of birth was set to 1800. If the birth date is erroneously after the admit date, this rule causes the age in years (AGE) to be incorrectly greater than 100. If the age does not agree with neonatal or maternal diagnoses and/or procedures, the age is set to inconsistent (.C).

---- New Jersey ----

Prior to 1994, New Jersey reports age as a two-digit code with a maximum of 99 and provides a birth century indicator. Beginning in 1994, New Jersey provides a four-digit birth year. If age could not be calculated (ADATE or DOB missing or invalid) then age was assigned as follows:

Year of Data   HCUP-3 processing of AGE
1988-1991   If DOB is greater than ADATE, assign AGE as the reported age plus 100. Otherwise, assign AGE as
                        the reported two-digit age.

AGE   I:Age in years at admission

1992-1993   If DOB is greater than ADATE, assign AGE as the reported age plus 100. Otherwise, assign AGE as the reported two-digit age and add 100 if
                       the birth century flag indicates that the patient is age 100 or older.

Beginning 1994 Assign AGE as the reported age, if the reported AGE was in the range of 1-124 years. Otherwise, assign AGE as invalid (.A).

---- New York ----

AGE could not be calculated because New York did not report full admission and birth dates. During HCUP-3 processing, only the reported age in years could be used to assign AGE. The appropriate edit check for consistency of reported and calculated ages could not be performed.

---- Oregon ----

Oregon reports age at discharge. During HCUP-3 processing, reported age was not used when patient age (AGE) could not be calculated from dates. The appropriate edit check for consistency of reported and calculated ages could not be performed.

---- Pennsylvania ----

Prior to 1995, only the calculated age could be used to assign AGE because Pennsylvania did not supply age in years. The appropriate edit check for consistency of reported and calculated ages could not be performed.

Beginning in 1995, the source reported age in years. During HCUP-3 processing, AGE was assigned using the reported age if patient age could not be calculated from the dates provided.

Calculation of Age

The calculation of age varies across years. In all years except 1996, date of birth (DOB) was supplied with a four-digit year and AGE could be calculated as usual (AGE = ADATE - DOB).

AGE   I:Age in years at admission

In 1996, only a two-digit year for date of birth (DOB) was provided by the data source.

-       If DOB > admission date (ADATE), the birth century was assigned as 18 (e.g., if ADATE =1/2/88 and DOB = 1/3/88, then the birth year was set to 1888 and the calculated age was 99).

-       If DOB <= ADATE, the birth century was assigned as 19 (e.g., if ADATE =1/2/88 and DOB = 1/1/88, then the birth year was set to 1988 and the calculated age in years was 0).

Pennsylvania discharges which are considered as having "sensitive conditions" based on their DRG, diagnoses, and procedures, had AGE set as follows:

If AGE is coded (>= 0), set AGE to the midpoint of 5-year intervals. The age intervals begin with 0-4 and end with 85+. For example,

AGE	New Value
0-4	2
5-9	7
10-14	12
15-19	17
20-24	22
...	
85+	85

AGE   I:Age in years at admission

The sensitive conditions and the screens for selecting them are listed below. The DRG and ICD-9-CM code screens are separated by "or" operators.

	DRGs **OR**	Diagnoses	**OR**	Procedures
Abortion	380-381	634-634.92,		69.01, 69.02,
		636-636.92,		69.5-69.59,
		637-637.92,		69.93, 74.91,
		638-638.92,		75.0, 96.49
		639-639.90,		
		V61.7		
AIDS	488-490	042-044.9,		
		795.8		
Psychiatric	424-432	290-319.0		
Substance abuse	433-437	303-305.93,		
		E950-E959.0,		
		E980-E989.9		

---- South Carolina ----

The calculation of AGE differs across years.

<u>In 1996</u>
Only a two-digit year for date of birth (DOB) was provided by the data source.

- If DOB > admission date (ADATE), the birth century was assigned as 18 (e.g., if ADATE =1/2/88 and DOB = 1/3/88, then the birth year was set to 1888 and the calculated age was 99).

- If DOB <= ADATE, the birth century was assigned as 19 (e.g., if ADATE =1/2/88 and DOB = 1/1/88, then the birth year was set to 1988 and the calculated age in years was 0).

AGE   I:Age in years at admission

Using only the admission date to determine births in the 1800s causes no patient ages to be greater than 99 years.

In 1993 and 1995
South Carolina reported a two-digit year for date of birth (DOB). During HCUP-3 processing, the birth century was assigned as 1800 if the reported age was at least 100 or the reported date of birth was after the admission date. Birth century was assigned as 1900 for all other records.

In 1994
South Carolina reported a four-digit year for date of birth (DOB). No adjustments to birth century were made during HCUP-3 processing.

---- Tennessee ----

Only the calculated age could be used to assign AGE because Tennessee did not supply age in years. The appropriate edit check for consistency of reported and calculated ages could not be performed.

---- Washington ----

Availability of Reported Age

During HCUP-3 processing of 1988-1992 discharges, the reported age was not used when AGE could not be calculated because Washington reported age at discharge. The appropriate edit check for consistency of reported and calculated ages could not be performed.

Beginning with 1993 discharges, Washington reported age at time of admission, consistent with the HCUP-3 definition of AGE. Therefore, if the patient's age could not be calculated from dates, the reported age was assigned to AGE.

AGE   I:Age in years at admission

Ages Greater Than 99 Years

For 1988-1992 discharges, due to the coding of date of birth, no patient ages are greater than 99 years. Only a two-digit year for date of birth (DOB) was provided by the data source.

-       If DOB > admission date (ADATE), the birth century was assigned as 18 (e.g., if ADATE =1/2/88 and DOB = 1/3/88, then the birth year was set to 1888 and the calculated age was 99).

-       If DOB <= ADATE, the birth century was assigned as 19 (e.g., if ADATE =1/2/88 and DOB = 1/1/88, then the birth year was set to 1988 and the calculated age in years was 0).

Beginning with 1993 discharges, the birth century was assigned as 1800 if the reported age was at least 100 or the reported date of birth was after the admission date. Birth century was assigned as 1900 for all other record. The age range is not truncated at 99.

---- Wisconsin ----

An error during HCUP-3 processing of 1989-1992 discharges caused
age in years (AGE) and date of birth (DOB) to be set to missing
(.) for all patients born in the year 1900. Beginning with 1993 discharges, AGE and DOB were processed correctly.

From 1989-1994, only the calculated age could be used to assign AGE because Wisconsin did not supply age in years. The appropriate edit check for consistency of reported and calculated ages could not be performed.

Beginning with 1995 discharges, the source supplied an age in years which was used if the age could not be calculated from date of birth and admission date.

AGEDAY   **I:Age in days (when < 1 year)**

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Nonmissing age in days	733,546	708,271	711,625	731,456	726,507	754,037	730,202
1-364	Nonmissing age in days	117,187	121,176	117,038	123,399	114,178	119,694	109,428
.	Missing*	5,414,468	5,324,236	5,365,238	5,682,366	5,542,527	5,839,494	5,701,013
.A	Invalid*	2,029	1,192	562	88	167	198	114
.B	Unavailable from source*	0	0	0	0	0	0	0
.C	Inconsistent*	1,285	1,313	1,281	1,667	1,632	1,512	1,312

AGEDAY   I:Age in days (when < 1 year)

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Nonmissing age in days	11.70	11.51	11.49	11.19	11.38	11.23	11.16
1-364	Nonmissing age in days	1.87	1.97	1.89	1.89	1.79	1.78	1.67
.	Missing*	86.38	86.49	86.60	86.90	86.81	86.96	87.14
.A	Invalid*	0.03	0.02	0.01	0.00	0.00	0.00	0.00
.B	Unavailable from source*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.C	Inconsistent*	0.02	0.02	0.02	0.03	0.03	0.02	0.02

AGEDAY   I:Age in days (when < 1 year)

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

Age in days (AGEDAY) is calculated from the birth date (DOB) and the admission date (ADATE) with the following exceptions:

-        AGEDAY is set to the supplied age in days if the age cannot be calculated (ADATE and/or DOB is missing or invalid).

-        AGEDAY is missing (.) if the age cannot be calculated and the supplied age in days is missing.

-        AGEDAY is invalid (.A) if
                -        it is out of range (AGEDAY NE 0-364) or
                -        the age in days cannot be calculated and the supplied age in days is non-numeric.

-        AGEDAY is inconsistent (.C) if AGEDAY in inconsistent with AGE (ED021), neonatal diagnoses (ED301-ED3nn), maternal diagnoses (ED401-ED4nn), or maternal procedures (ED501-ED5nn).

-        AGEDAY is unavailable from data source (.B) if the data source does not supply either
                - admission date (ADATE) and date of birth (DOB), or
                - age in days at admission.

An invalid/inconsistent calculated AGEDAY is not replaced by the supplied age in days.

Additional Notes Specific To NIS:

---- All States ----

When processing the 1996 HCUP-3 inpatient data, no adjustment was made for the leap year when age was calculated from date of birth and admission date. This

AGEDAY   I:Age in days (when < 1 year)

caused infants admitted on the day before their first birthday to have AGE=1 and AGEDAY = missing (.), instead of AGE=0 and AGEDAY=364.

---- Arizona ----

Only the calculated age could be used to assign AGEDAY because Arizona did not supply age in days.

---- California ----

California assigned the date of birth to admission date when the admission date was not reported and the discharge had a principal diagnosis indicating a newborn (defined as DX1 equal to V3x.0x). This caused the calculated age to be 0 days.

Only the calculated age in days could be used to assign AGEDAY because California did not differentiate between same-day births and one-day olds.

---- Connecticut ----

Patient AGEDAY could not be calculated from dates since Connecticut did not report full dates of birth. During HCUP-3 processing, only the reported age in days could be used to assign AGEDAY.

---- Florida ----

Only the calculated age could be used to assign AGEDAY because Florida did not supply age in days.

---- Illinois ----

Only the calculated age could be used to assign AGEDAY because Illinois did not supply age in days.

AGEDAY   I:Age in days (when < 1 year)

---- Iowa ----

AGEDAY may be incorrectly set to invalid (.A) on newborn records. When only the year of birth is available, Iowa codes the day and month of birth to '01'. This causes the calculated age in days to be negative, and therefore set to invalid (.A).

Only the calculated age could be used to assign AGEDAY because Iowa did not supply age in days.

---- Massachusetts ----

Only the calculated age could be used to assign AGEDAY because Massachusetts did not supply age in days.

---- New Jersey ----

Only the calculated age could be used to assign AGEDAY because New Jersey did not supply age in days.

---- New York ----

AGEDAY could not be calculated because New York did not report full admission and birth dates. During HCUP-3 processing, only the reported age in days could be used to assign AGEDAY.

---- Oregon ----

During HCUP-3 processing, only the calculated age in days could be used to assign AGEDAY because Oregon did not report age in days.

AGEDAY   I:Age in days (when < 1 year)

---- Pennsylvania ----

Beginning in 1993, only the calculated age in days could be used
to assign AGEDAY:
-          In 1993, the source used the same code (zero days) to report the age of newborns and missing values.
-          Beginning in 1994, the source supplied age group categories rather than reporting age in days.

Pennsylvania discharges which are considered as having "sensitive conditions" based on their DRG, diagnoses, and procedures, had AGEDAY set to missing (.) if AGEDAY was coded (AGEDAY >= 0).

The sensitive conditions and the screens for selecting them are listed below. The DRG and ICD code screens are separated by "or" operators.

	DRGs **OR**	Diagnoses	**OR**	Procedures
Abortion	380-381	634-634.92, 636-636.92, 637-637.92, 638-638.92, 639-639.90, V61.7		69.01, 69.02, 69.5-69.59, 69.93, 74.91, 75.0, 96.49
AIDS	488-490	042-044.9, 795.8		
Psychiatric	424-432	290-319.0		
Substance abuse	433-437	303-305.93, E950-E959.0, E980-E989.9		

AGEDAY   I:Age in days (when < 1 year)

---- South Carolina ----

Only the calculated age could be used to assign AGEDAY because South Carolina did not supply age in days.

---- Tennessee ----

Only the calculated age could be used to assign AGEDAY because Tennessee did not supply age in days.

---- Washington ----

Only the calculated age could be used to assign AGEDAY because Washington did not supply age in days.

AMONTH   I:Admission month

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	January	567,548	540,298	551,042	556,753	562,487	594,144	577,516
2	February	496,347	492,914	503,958	532,700	503,404	546,912	540,268
3	March	546,083	527,595	547,716	596,468	565,879	597,119	563,317
4	April	519,313	525,488	520,006	548,207	526,347	543,978	552,145
5	May	530,914	524,088	511,390	538,389	537,578	571,366	548,972
6	June	507,574	487,194	509,336	532,193	525,704	544,487	517,559
7	July	521,349	517,298	514,103	537,418	516,913	547,365	544,221
8	August	525,802	510,082	504,976	544,128	540,166	566,529	535,718
9	September	502,924	500,948	504,326	532,114	518,252	539,874	528,002
10	October	536,380	526,671	515,651	537,365	528,272	562,255	556,555
11	November	509,932	491,530	493,148	530,163	523,015	546,485	523,459
12	December	504,346	512,081	520,091	553,078	536,991	554,420	554,334
.	Missing*	3	0	0	0	3	1	3
.A	Invalid*	0	1	1	0	0	0	0
.B	Unavailable from source*	0	0	0	0	0	0	0

AMONTH   I:Admission month

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	January	9.05	8.78	8.89	8.51	8.81	8.85	8.83
2	February	7.92	8.01	8.13	8.15	7.88	8.14	8.26
3	March	8.71	8.57	8.84	9.12	8.86	8.89	8.61
4	April	8.28	8.54	8.39	8.38	8.24	8.10	8.44
5	May	8.47	8.51	8.25	8.23	8.42	8.51	8.39
6	June	8.10	7.91	8.22	8.14	8.23	8.11	7.91
7	July	8.32	8.40	8.30	8.22	8.10	8.15	8.32
8	August	8.39	8.29	8.15	8.32	8.46	8.44	8.19
9	September	8.02	8.14	8.14	8.14	8.12	8.04	8.07
10	October	8.56	8.56	8.32	8.22	8.27	8.37	8.51
11	November	8.13	7.98	7.96	8.11	8.19	8.14	8.00
12	December	8.05	8.32	8.39	8.46	8.41	8.26	8.47
.	Missing*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.A	Invalid*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.B	Unavailable from source*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

AMONTH   I:Admission month

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*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

Admission month (AMONTH) is derived from either the month of the admission date or the supplied admission month. A valid nonmissing month is assigned to AMONTH even if the admission year or day is invalid or missing. Therefore, it is possible to have a valid AMONTH when the admission date is invalid or missing.

If AMONTH is non-numeric or out-of-range (month NE 1-12), then AMONTH is invalid (.A).

If a data source does not supply admission month, then AMONTH is unavailable from the source (.B).

ASOURCE   I:Admission source

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	Emergency dept	2,023,442	1,977,953	2,015,032	2,182,361	2,214,384	2,393,401	2,369,231
2	Another hospital	138,795	145,952	165,074	202,428	200,725	222,800	229,500
3	Other health facility incl LTC	69,451	70,786	68,630	108,680	102,694	119,085	119,402
4	Court/law enforcement	4,287	6,106	5,716	4,382	5,126	6,499	8,502
5	Routine/Birth/Other	3,423,228	3,358,123	3,378,041	3,568,647	3,488,013	3,685,920	3,595,541
.	Missing*	146,743	95,301	48,493	159,532	80,276	115,746	53,369
.A	Invalid*	3,816	3,695	2,651	167	188	1,738	344
.B	Unavailable from source*	458,753	498,272	512,107	312,779	293,605	169,746	166,180

ASOURCE   I:Admission source

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	Emergency dept	32.28	32.13	32.52	33.37	34.68	35.64	36.22
2	Another hospital	2.21	2.37	2.66	3.10	3.14	3.32	3.51
3	Other health facility incl LTC	1.11	1.15	1.11	1.66	1.61	1.77	1.83
4	Court/law enforcement	0.07	0.10	0.09	0.07	0.08	0.10	0.13
5	Routine/Birth/Other	54.61	54.55	54.52	54.58	54.63	54.89	54.96
.	Missing*	2.34	1.55	0.78	2.44	1.26	1.72	0.82
.A	Invalid*	0.06	0.06	0.04	0.00	0.00	0.03	0.01
.B	Unavailable from source*	7.32	8.09	8.27	4.78	4.60	2.53	2.54

ASOURCE   I:Admission source

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

ASOURCE indicates the source of the admission (emergency department; transfer from a hospital; routine, birth and other; etc.). Routine, birth, and other (ASOURCE=5) includes births and referrals from physicians, clinics, and HMOs. Transfer from a hospital may include transfers within the same hospital as well as transfers between hospitals.

Additional Notes Specific To NIS:

---- Arizona ----

ASOURCE is unavailable from the source (.B) from January to June 1989 because the data source overwrote ASOURCE and ATYPE with zeros during this time period.

---- California ----

Newborns

In all years, California assigned all records containing a principal diagnosis code of "newborn, born in hospital" (defined as DX1 equal to V3x.0x) to an admission source of newborn, regardless of the admission source reported by the hospital. These discharges are included under the uniform category routine, birth, and other (ASOURCE = 5).

Home Health Service

Prior to 1995, the categories coded under routine, birth, and other (ASOURCE = 5) included an admission source of "Home Health Service."

Beginning in 1995, home health service is not reported by California as a separate category. No documentation is available from the source to indicate whether home

ASOURCE   I:Admission source

health service is reported under another source category.

Court/Law Enforcement

Prior to 1995, the source documentation supplied by California does not indicate which source categories are used for "Court/Law Enforcement" (ASOURCE=4).

Beginning in 1995, the source reported a separate category for admissions from "Prison/Jail." These discharges are
included under the uniform category "Court/Law Enforcement" (ASOURCE = 4).

Ambulatory Surgery

Beginning in 1995, the source reports a separate category for admissions from ambulatory surgery. These discharges are included under the uniform category "Other
Facility, Including Long Term Care" (ASOURCE = 3).

---- Colorado ----

In 1993, Colorado Hospital Association began collecting ASOURCE, but it was optional for hospitals to report this data to the hospital association.

---- Connecticut ----

The source category "Outpatient Department" is included in the uniform category "Other Facility including Long-term Care" (ASOURCE = 3).

The source category "Same Day Care" is included in the uniform category "Routine, Birth, and Other" (ASOURCE = 5).

Connecticut does not separately classify "Court/Law Enforcement" (ASOURCE = 4). The source documentation available for Connecticut did not describe which
admission source(s) were used for this category.

ASOURCE   I:Admission source

---- Maryland ----

<u>Emergency Room</u>

Maryland flagged admissions through emergency rooms as a separate variable from the source of admission. During HCUP-3 processing, admission source was coded as "Emergency Room" (ASOURCE = 1) if the patient was admitted through the emergency room (flag = 1) and admission source was reported as home, missing, or blank.

<u>Other Facility Including Long-term Care</u>

The following source codes were included in the HCUP-3 category "Other Facility Including LTC" (ASOURCE = 3):
- "Lithotripsy Facility,"
- "On-site Ambulatory/Outpatient Unit,"
- "Off-site Ambulatory/Outpatient Unit."

Beginning in 1996, two additional source codes were included in the HCUP-3 category "Other Facility Including LTC" (ASOURCE = 3):
- "On-site Sub-acute Facility", and
- "Other Sub-acute Facility."

<u>Court/Law Enforcement</u>

Maryland did not separately classify "Court/Law Enforcement" (ASOURCE = 4). The source documentation available for Maryland data did not indicate which admission source code(s) were used for "Court/Law Enforcement."

---- Massachusetts ----

For all years:

ASOURCE   I:Admission source

--   The reported value "Other (including Level 4 nursing   facility)" was included in the HCUP-3 category "Routine, Birth and Other" (ASOURCE = 5).

Beginning in 1993, quarter 4:
-         The source codes for "Ambulatory Surgery" and "Observation" were included in the HCUP-3 category "Other Facility, including LTC" (ASOURCE = 3).

-         The two source codes for "Extramural Birth" were included in the HCUP-3 category "Routine, Birth and Other" (ASOURCE = 5).

The recoding of the source code for "Newborn, Admission Source Not Available" was handled differently across the years:
-         For 1988-1992, the source code for "Newborn, Admission Source Not Available" was included in the HCUP-3 category "Routine, Birth and Other" (ASOURCE = 5).

-         Starting in 1993, the source code for "Newborn, Admission Source Not Available" was included in the HCUP-3 category "Missing" (ASOURCE = .).

---- New Jersey ----

Beginning in 1995, New Jersey reported the admission source, "Transfer from a Rural Primary Care Hospital." Due to an error in HCUP-3 processing, this was recoded to the HCUP-3 uniform category "Other Facility, Including Long Term Care" (ASOURCE = 3) instead of "Another Hospital" (ASOURCE = 2).

---- New York ----

Admitted from Outpatient Department

For 1988-1992, the source category "Admitted From Outpatient Department" was recoded to the HCUP-3 uniform category "Routine, Birth and Other" (ASOURCE = 5).

For 1993, New York recoded "Admitted From Outpatient Department" into the source category "Emergency Room" and during HCUP-3 processing, it was assigned to the HCUP-3 category "Emergency Department" (ASOURCE = 1).

Beginning in 1994, New York does not report "Admitted from Outpatient Department."

ASOURCE   I:Admission source

Transfer from a Rural Primary Care Hospital

Beginning in 1995, New York reported the admission source, "Transfer from a Rural Primary Care Hospital." This was recoded to the HCUP-3 uniform category "Another Hospital" (ASOURCE = 2).

Other Source

For 1988-1992, the source category "Other Source" was recoded to the HCUP-3 uniform category "Routine, Birth and Other" (ASOURCE = 5).

For 1993, New York recoded "Other Source" into the source category "Information Not Available" and during HCUP-3 processing, it was assigned to the HCUP-3 category "Missing" (ASOURCE = .).

Beginning in 1994, New York does not report "Other Source."

---- Pennsylvania ----

Beginning in 1995, Pennsylvania reported the admission source, "Transfer from a Rural Primary Care Hospital." This was recoded to the HCUP-3 uniform category "Another Hospital" (ASOURCE = 2).

---- South Carolina ----

Beginning in 1996, South Carolina reported the admission source, "Transfer from a Rural Primary Care Hospital." This was recoded to the HCUP-3 uniform category "Another Hospital" (ASOURCE = 2).

ATYPE   I:Admission type

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	Emergency	1,872,301	1,847,945	1,874,059	1,998,493	2,266,708	2,263,617	2,245,444
2	Urgent	1,669,898	1,696,706	1,694,782	1,628,153	1,655,236	1,459,997	1,390,931
3	Elective	1,390,704	1,303,785	1,310,330	1,254,550	1,389,397	1,400,300	1,390,803
4	Newborn	644,589	613,766	633,426	622,208	694,076	591,671	581,483
5	Delivery	156,554	139,534	150,329	157,342	183,425	50,515	49,814
6	Other	21	9	22	3,911	6,720	8,792	11,935
.	Missing*	66,999	51,669	20,657	40,215	42,535	77,171	25,404
.A	Invalid*	8,696	4,502	32	2,663	18	618	89
.B	Unavailable from source*	458,753	498,272	512,107	831,441	146,896	862,254	846,166

ATYPE   I:Admission type

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
1	Emergency	29.87	30.02	30.25	30.56	35.50	33.71	34.32
2	Urgent	26.64	27.56	27.35	24.90	25.92	21.74	21.26
3	Elective	22.19	21.18	21.15	19.19	21.76	20.85	21.26
4	Newborn	10.28	9.97	10.22	9.52	10.87	8.81	8.89
5	Delivery	2.50	2.27	2.43	2.41	2.87	0.75	0.76
6	Other	0.00	0.00	0.00	0.06	0.11	0.13	0.18
.	Missing*	1.07	0.84	0.33	0.62	0.67	1.15	0.39
.A	Invalid*	0.14	0.07	0.00	0.04	0.00	0.01	0.00
.B	Unavailable from source*	7.32	8.09	8.27	12.72	2.30	12.84	12.93

ATYPE   I:Admission type

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

ATYPE indicates the type of admission (emergency, urgent, elective, etc.). Newborn and delivery admission types are separated only if that information is available from the data source. No edit check comparing the admission type to diagnosis or procedure codes is performed.

Additional Notes Specific To NIS:

---- Arizona ----

ATYPE is unavailable from the source (.B) from January to June 1989 because the data source overwrote ASOURCE and ATYPE with zeros during this time period.

Arizona does not separately classify deliveries. The source documentation supplied by Arizona does not indicate which source categories were used for deliveries.

---- California ----

In 1995, the source redefined admission type in a way that no longer matches the uniform variable ATYPE. Admission type is not available in the HCUP-3 California data beginning in 1995.

Prior to 1995

California assigned the admission type of "Newborn" to all records that had a principal diagnosis code of "newborn, born in hospital" (defined as DX1 equal to V3x.0x) regardless of the admission type reported by the hospital. These discharges are included under newborn (ATYPE = 4).

California assigned the value "Delivery" to all records that had a principal diagnosis code of delivery (DX1 = 640-676 with a fifth digit of 1 or 2, or 650), regardless of the admission type reported by the hospital. These discharges are included under delivery (ATYPE = 5).

ATYPE   I:Admission type

---- Colorado ----

In 1995, Colorado Hospital Association began collecting admission type, but it was optional for hospitals to report this data to the hospital association.

Colorado Hospital Association does not separately classify deliveries. The source documentation supplied by Colorado does not indicate which source categories were used for deliveries.

---- Connecticut ----

Connecticut does not separately classify deliveries. The source documentation available for Connecticut does not describe which admission type(s) were used for deliveries.

---- Florida ----

Florida does not separately classify deliveries. According to the documentation available from the source, most normal deliveries are categorized as urgent (ATYPE = 2), and most cesarean births and some normal deliveries are included under elective (ATYPE = 3).

---- Illinois ----

Illinois does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

---- Iowa ----

Iowa does not separately classify deliveries. No documentation was available describing which admission types were used for deliveries.

ATYPE   I:Admission type

---- Kansas ----

Kansas does not separately classify deliveries. The source documentation available for Kansas does not indicate which code was used for deliveries.

---- Maryland ----

During HCUP-3 processing of 1993 data, the source category "Rehabilitation" was erroneously recoded to the HCUP-3 category "Invalid" (ATYPE = .A) instead of "Other" (ATYPE = 6). This was due to incomplete source documentation of admission type for 1993 data.

During HCUP-3 processing for other years, the source category Rehabilitation was correctly recoded to the HCUP-3 category "Other" (ATYPE=6).

---- Massachusetts ----

Massachusetts does not separately classify deliveries. The source documentation supplied by Massachusetts does not indicate which source categories are used for deliveries.

---- Missouri ----

Missouri does not separately classify deliveries. The source documentation supplied by Missouri does not indicate which source categories were used for deliveries.

---- New Jersey ----

New Jersey does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

ATYPE   I:Admission type

---- New York ----

New York does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

---- Oregon ----

Oregon does not separately classify deliveries. No documentation was available about which admission type(s) were used for deliveries.

---- Pennsylvania ----

Pennsylvania does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

---- South Carolina ----

South Carolina does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

---- Tennessee ----

Tennessee does not separately classify deliveries. The source documentation supplied by Tennessee does not indicate which source categories were used for deliveries.

---- Washington ----

Washington does not separately classify deliveries. No documentation was available about which admission type(s) were used for deliveries.

ATYPE   I:Admission type

---- Wisconsin ----

Wisconsin does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

DCCHPR1   I:CCHPR: principal diagnosis

		Frequency Counts						
Value	**Value Label**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
.	No diagnosis code*	1,429	15,295	1,514	360	851	2,982	927
.A	Invalid diagnosis code*	408	2,847	2,618	13,059	5,136	1,272	1,340
CCHPR	Nonmissing CCHPR for diagnosis	6,266,678	6,138,046	6,191,612	6,525,557	6,379,024	6,710,681	6,539,802

		Percents						
Value	**Value Label**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
.	No diagnosis code*	0.02	0.25	0.02	0.01	0.01	0.04	0.01
.A	Invalid diagnosis code*	0.01	0.05	0.04	0.20	0.08	0.02	0.02
CCHPR	Nonmissing CCHPR for diagnosis	99.97	99.70	99.94	99.79	99.91	99.94	99.97

DCCHPR1   I:CCHPR: principal diagnosis

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General HCUP-3 Coding Notes:

Clinical Classification for Health Policy Research (CCHPR), version 2 consists of 260 diagnosis categories. Version 2 is based on ICD-9-CM codes that are valid for 1988 through 1996. All diagnosis codes are classified. All E-codes (External Causes of Injury and Poisoning) are combined into the last category, 260.

DCCHPR1 is coded as follows:
-       DCCHPR1 ranges from 1 to 260 if the diagnosis code (DX1) is valid by the HCUP-3 criteria, which allows a six-month window (three months before and three months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes.
-       DCCHPR1 is set to invalid (.A), if the diagnosis code (DX1) is invalid (DXV1 = 1).
-       DCCHPR1 is missing (.), if there is no diagnosis code
        (DX1 = " ").

DCCHPR1 is retained (values 1-260) when a valid diagnosis is flagged as inconsistent with age or sex (DXV1 = .C). For best results, use DCCHPR1 only when the diagnosis is valid and consistent (DXV1 = 0).

Labels

Labels for CCHPR categories are provided as an ASCII file in NIS tools.

Formats

Formats to label CCHPR categories are documented in NIS tools. Both sixteen- and forty-character labels are available.

A format is also available to map CCHPR codes into a few broad classes of conditions based on ICD-9-CM chapters. These formats are also documented in NIS tools.

DIED   I:Died during hospitalization

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Discharged alive	6,090,520	5,981,116	6,022,212	6,348,363	6,214,373	6,535,717	6,374,663
1	Discharged dead	172,998	169,521	168,037	177,392	166,813	172,844	164,836
.	Missing*	4,284	5,029	4,332	6,946	3,255	4,062	1,950
.A	Invalid*	713	522	1,163	6,275	570	2,312	620
.B	Unavailable from source*	0	0	0	0	0	0	0

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Discharged alive	97.16	97.16	97.20	97.08	97.33	97.33	97.44
1	Discharged dead	2.76	2.75	2.71	2.71	2.61	2.57	2.52
.	Missing*	0.07	0.08	0.07	0.11	0.05	0.06	0.03
.A	Invalid*	0.01	0.01	0.02	0.10	0.01	0.03	0.01
.B	Unavailable from source*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DIED   I:Died during hospitalization

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

This variable is coded from disposition of patient (DISP).

-       If DISP indicates that a patient was discharged alive (values 1-7), then DIED is coded as 0.

-       If DISP indicates that a patient died in the hospital (value 20), then DIED is coded as 1.

-       If DISP is missing (.), invalid (.A), or unavailable from the source (.B), then DIED is also missing (.), invalid (.A), or unavailable from the source (.B).

DISP   I:Disposition of patient

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	Routine	5,271,877	5,088,563	5,048,083	5,324,013	5,080,214	5,253,737	5,040,483
2	Short-term hospital	125,044	133,428	138,896	142,254	143,685	155,801	157,106
3	Skilled nursing facility (SNF)	232,259	249,147	276,777	302,534	336,941	336,508	370,313
4	Intermediate care facility (ICF)	43,965	46,693	54,593	45,279	45,518	55,246	51,601
5	Another type of facility	117,212	120,797	128,741	141,436	154,903	227,771	243,641
6	Home health care (HHC)	249,172	291,632	321,837	329,561	391,404	445,869	457,530
7	Against medical advice (AMA)	50,991	50,856	53,285	63,286	61,708	60,785	53,989
20	Died	172,998	169,521	168,037	177,392	166,813	172,844	164,836
.	Missing*	4,284	5,029	4,332	6,946	3,255	4,062	1,950
.A	Invalid*	713	522	1,163	6,275	570	2,312	620
.B	Unavailable from source*	0	0	0	0	0	0	0

DISP   I:Disposition of patient

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	Routine	84.10	82.66	81.48	81.42	79.56	78.24	77.05
2	Short-term hospital	1.99	2.17	2.24	2.18	2.25	2.32	2.40
3	Skilled nursing facility (SNF)	3.71	4.05	4.47	4.63	5.28	5.01	5.66
4	Intermediate care facility (ICF)	0.70	0.76	0.88	0.69	0.71	0.82	0.79
5	Another type of facility	1.87	1.96	2.08	2.16	2.43	3.39	3.72
6	Home health care (HHC)	3.97	4.74	5.19	5.04	6.13	6.64	6.99
7	Against medical advice (AMA)	0.81	0.83	0.86	0.97	0.97	0.91	0.83
20	Died	2.76	2.75	2.71	2.71	2.61	2.57	2.52
.	Missing*	0.07	0.08	0.07	0.11	0.05	0.06	0.03
.A	Invalid*	0.01	0.01	0.02	0.10	0.01	0.03	0.01
.B	Unavailable from source*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DISP   I:Disposition of patient

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

DISP indicates the disposition of the patient at discharge (routine, transfer to another hospital, died, etc.).

The distinction between discharged to a skilled nursing facility (DISP = 3) and intermediate care facility (DISP = 4) may be defined differently for different data sources.

Additional Notes Specific To NIS:

---- Arizona ----

In 1995, Arizona added the disposition "Home IV Provider." This is recoded to the HCUP-3 discharge disposition Home Health Care (DISP = 6).

---- California ----

Beginning in 1995, California differentiates the discharge disposition to care within the same facility and discharges to another facility. Patients discharged to another level of care (e.g., long term care, residential care, and other care) were included in the uniform category "Another Type of Facility" (DISP = 5) regardless of whether the patient was physically transferred to another hospital or stayed in the same facility. Discharges to acute care were included in the uniform category "Short-Term Hospital" (DISP = 2).

Beginning in 1995, the source reports a separate category for discharges to "Prison/Jail." These discharges were included in the uniform category "Routine" (DISP = 1).

---- Illinois ----

In 1993, Illinois changed the categories used to report disposition of patient (referred to by the source as patient status). Several categories used from 1988-1992 are not

DISP   I:Disposition of patient

included starting in 1993. In 1995, two new categories are added.

For all years:

-        The source disposition "Discharged to home under the care of a Home IV Drug Therapy provider" is included in the HCUP-3 category "Home health care" (DISP = 6).

Dispositions reported only in 1988-1992:

-        The source disposition "Discharged, no longer covered by Medicaid" is included in the HCUP-3 category "Routine" (DISP = 1).

-        The source disposition "Transferred to another category of service" is included in the HCUP-3 category "Another type of facility" (DISP = 5). This source category may include intrahospital transfers which may not represent the final disposition of the patient. However, these records can not be distinguished from others legitimately coded under "Another type of facility."

Dispositions added in 1995:

The source reports two new categories:

-        "Hospice - Medical Facility" which was recoded to the HCUP-3 category "Another type of facility" (DISP = 5), and

-        "Hospice - Home" which was recoded to the HCUP-3 category "Home Health Care" (DISP = 6).

---- Kansas ----

The source codes for "Rehabilitation Center," "Psychiatric Facility," and "Custodial Care" are included in the HCUP-3 category "Another Type of Facility" (DISP = 5).

The source codes for "Coroner's Case, autopsy" and "Coroner's Case, no autopsy" are included in the HCUP-3 category "Died" (DISP = 20).

DISP   I:Disposition of patient

---- Maryland ----

Another Type of Facility

The following source codes were included in the HCUP-3 category "Another Type of Facility" (DISP = 5):
- "Rehab Facility,"
- "Rehab Unit-Other Hosp," and
- "On-site Distinct Rehab Unit."

Beginning in 1996, three additional source codes were included in the HCUP-3 category "Another Type of Facility" (DISP = 5):
- "On-site Psychiatric Unit,"
- "On-site Sub-acute Facility", and
- "Other Sub-acute Facility."

Intermediate Care Facility

Maryland does not separately classify the disposition of Intermediate Care Facility (DISP = 4). No documentation was available about which discharge disposition was used for Intermediate Care Facility.

---- Massachusetts ----

For all years:

-       The source codes for "Discharge Other" were included in the HCUP-3 category "Missing" (DISP = .).

Beginning in 1993, quarter 4:

-       The source codes for "Further Care - Inpatient or Outpatient Department" and "Rest Home" were included in the HCUP-3 category "Another Type of Facility" (DISP = 5).

DISP   I:Disposition of patient

---- New Jersey ----

Beginning in October 1995, New Jersey reports two new categories for discharge disposition:

-        "Hospice - Medical Facility" which was recoded to the HCUP-3 category "Another type of facility" (DISP = 5), and

-        "Hospice - Home" which was recoded to the HCUP-3 category "Home Health Care" (DISP = 6).

---- New York ----

In All Years

The source category "Neonatal Aftercare" was recoded to the HCUP-3 uniform category "Short-Term Hospital" (DISP = 2).

The source category "Psychiatric Chronic Care Facility" was recoded to the HCUP-3 uniform category "Another Type of Facility" (DISP = 5).

Residential Health Care Facility

For 1988-1992, the source coded "Intermediate Care Facility" and "Residential Health Care Facility" in a single category. This was recoded to the HCUP-3 category "Intermediate Care Facility (ICF)" (DISP = 4).

For 1993, New York included "Residential Health Care Facility" with their category for "Skilled Nursing Facility." This was assigned to the HCUP-3 category "Skilled Nursing Facility" (DISP = 3). "Intermediate Care Facility" was coded in its own category.

Beginning in 1994, the source reports "Domiciliary Health Care Facility" in place of "Residential Health Care Facility." This was recoded to "Another Type of Facility" (DISP = 5).

DISP   I:Disposition of patient

Tertiary Aftercare

Beginning in 1994, the source reports "Transferred to Another Hospital for Tertiary Aftercare." This was recoded to the HCUP-3 category "Short-Term Hospital" (DISP = 2).

Hospice

Beginning in October 1995, New York reports two new categories for discharge disposition:

-        "Hospice - Medical Facility" which was recoded to the HCUP-3 category "Another type of facility" (DISP = 5), and

-        "Hospice - Home" which was recoded to the HCUP-3 category "Home Health Care" (DISP = 6).

---- Oregon ----

According to Oregon's 1993 report to HCUP-3 on their data practices, some Oregon hospitals do not differentiate discharges to home (DISP = 1) and discharges to home health care (DISP = 6). These discharges would be reported in the HCUP-3 Oregon data as discharges to home (DISP = 1). Information on more recent practices is not available.

Prior to 1995, Oregon did not report discharges to "Other short-term facility" (DISP = 2) although the category was included in the source documentation. Beginning in 1995, this discharge disposition was reported.

---- Pennsylvania ----

In addition to the usual categories coded under died (DISP = 20), the following dispositions are include:
 - "Expired at home,"
 - "Expired in a medical facility," and
 - "Expired, place unknown."

DISP   I:Disposition of patient

In 1993, blank values reported by Pennsylvania were incorrectly assigned to the HCUP-3 category Invalid (.A) instead of Missing(.). DISP was processed correctly in other years.

---- South Carolina ----

In addition to the usual categories coded under died (DISP = 20), the following dispositions are include:
 - "Expired at home,"
 - "Expired at a medical facility," and
 - "Expired, place unknown."

Beginning in 1996, South Carolina reports two new categories for discharge disposition:

-        "Hospice - Medical Facility" which was recoded to the HCUP-3 category "Another type of facility" (DISP = 5), and

-        "Hospice - Home" which was recoded to the HCUP-3 category "Home Health Care" (DISP = 6).

---- Tennessee ----

The source disposition "Mental Health Center" is included in the HCUP-3 category "Another type of facility" (DISP = 5).

In 1995, the source disposition "Admitted as an inpatient to this hospital (only for Medicare outpatient claims)" was included in the HCUP-3 category "Invalid" (DISP = .A). Beginning in 1996, discharges with the source disposition "Admitted as an inpatient to this hospital (only for Medicare outpatient claims)" were excluded from the HCUP-3 inpatient files.

DISP   I:Disposition of patient

---- Wisconsin ----

Beginning in 1995, Wisconsin reports two new categories:
-         "Hospice - Medical Facility" which was recoded to the HCUP-3 category "Another type of facility" (DISP = 5), and
-         "Hospice - Home" which was recoded to the HCUP-3 category "Home Health Care" (DISP = 6).

DQTR   I:Discharge quarter

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Missing or invalid	0	0	0	0	0	0	0
1	First quarter (Jan-Mar)	1,606,048	1,554,530	1,595,042	1,669,793	1,624,750	1,728,588	1,676,236
2	Second quarter (Apr-Jun)	1,564,305	1,540,325	1,549,249	1,631,803	1,595,105	1,667,583	1,626,383
3	Third quarter (Jul-Sep)	1,545,799	1,520,525	1,520,258	1,610,229	1,577,742	1,655,434	1,601,501
4	Fourth quarter (Oct-Dec)	1,552,363	1,540,808	1,531,195	1,627,151	1,587,414	1,663,330	1,637,949

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Missing or invalid	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1	First quarter (Jan-Mar)	25.62	25.25	25.74	25.54	25.45	25.74	25.62
2	Second quarter (Apr-Jun)	24.95	25.02	25.01	24.96	24.98	24.83	24.86
3	Third quarter (Jul-Sep)	24.66	24.70	24.54	24.63	24.71	24.65	24.48
4	Fourth quarter (Oct-Dec)	24.76	25.03	24.71	24.88	24.86	24.77	25.04

DQTR   I:Discharge quarter

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General HCUP-3 Coding Notes:

Discharge quarter (DQTR) is derived from either the month of the discharge date or the supplied discharge quarter. If both of those fields are invalid or missing, DQTR is set to zero. For these cases, a temporary discharge quarter = 3 was used for the DRG grouper and ICD-9-CM verification routines because these algorithms require a valid discharge quarter.

Additional Notes Specific To NIS:

---- Connecticut ----

In 1995, discharges in October are noticeably fewer than in other months by about 25%. This pattern is consistent across all hospitals in the state. No explanation of the shortfall was available from Connecticut Health Information Management and Exchange. This did not occur in other years of data.

DRG   I:DRG in effect on discharge date

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
DRG	Nonmissing DRG for discharge date	6,268,515	6,156,188	6,195,744	6,538,976	6,385,011	6,714,935	6,542,069

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
DRG	Nonmissing DRG for discharge date	100.00	100.00	100.00	100.00	100.00	100.00	100.00

DRG   I:DRG in effect on discharge date

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

This is the Diagnosis Related Group (DRG) appropriate for the date of discharge assigned by the HCFA DRG Grouper algorithm during HCUP-3 processing.

Diagnosis and Procedures Used for DRG Assignment

Beginning in 1996, the DRG grouper can handle a maximum of 50 diagnosis and 50 procedure codes. Only diagnoses and procedure that are valid on the date of discharge are used by the grouper for DRG assignment.

From 1988 - 1995, the DRG grouper cannot handle more than 15 diagnoses and 15 procedures. Therefore, the following rules were used when more than 15 diagnoses or 15 procedures were available:

-       the principal diagnosis/procedure (regardless of validity) is retained in DX1/PR1. No secondaries are shifted into the principal position.

-       the first 14 valid (by HCUP-3 standards) additional diagnosis or procedure codes are passed to the HCFA DRG grouper.

Different Definitions of Diagnosis and Procedure Validity

HCUP-3 validation of diagnosis and procedure codes allows a six-month window (three months before and three months after)around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes. The DRG Grouper rules differ in two ways:

-       diagnosis and procedure codes must be valid on the date of discharge to be used for assigning the DRG; and

-       some valid diagnoses (E-codes) are ruled by the DRG Grouper to be invalid if entered as a principal diagnosis.

This inconsistency between the definition of a valid diagnosis or procedure is obvious when a discharge has a valid principal diagnosis (DXV1=0), but the assigned DRG

DRG   I:DRG in effect on discharge date

is 470 "Ungroupable." Consider a discharge with DX1="V300" on October 1, 1989. The diagnosis code "V300" is considered valid by HCUP-3 standards (DXV1=0) because until September 30, 1989 "V300" is a valid ICD-9-CM code. The DRG Grouper does not recognize the "V300" code on October 1, 1989 and therefore groups the record to "Ungroupable," DRG=470 and MDC=0.

Changes in DRG Grouper Logic

Until the eighth DRG version (before October 1, 1990), the first step in the determination of the DRG had been the assignment of the appropriate MDC based on the principal diagnosis. Starting in October 1990, there are two types of exceptions:

-       The principal diagnosis is not the initial variable in DRG assignment when the initial step in DRG assignment is based on a procedure. If a patient has a liver transplant (DRG 480), a bone marrow transplant (DRG 481) or tracheostomy (DRG 482 and 483), then the patient is assigned to these DRGs independent of the MDC assigned from the principal diagnosis.

-       Assignment to MDC 24 (multiple trauma) and MDC 25 (patients with HIV infection) is based on BOTH principal diagnosis and procedure.

The Need for a Valid Discharge Date

The DRG grouper needs a valid discharge date because DRG versions change at specific points in time. If the discharge date was invalid or not available from a data source, a temporary discharge date (for use only by the DRG grouper) was created based on the discharge quarter and year according to the following rules:

-       Discharge year (YEAR) is always nonmissing.

-       Discharge quarter (DQTR) ranges from zero to 4, where zero indicates that the quarter was missing or invalid.

DRG   I:DRG in effect on discharge date

-	Discharge Quarter (DQTR)	Temporary Date (MM/DD/YY) passed to DRG Grouper
	1	01/01/YY
	2	04/01/YY
	3	07/01/YY
	4	10/01/YY
	0	07/01/YY

Labels

Labels for the DRGs are provided as an ASCII file in NIS tools.

Additional Notes Specific To NIS:

---- California ----

One discharge in 1991 with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) had the incorrect DRG and MDC assigned because of a error in HCUP-3 processing. The DRG should have been 470; and the MDC should have been equal to 0.

No other years are affected.

---- Massachusetts ----

Some 1989-1990 discharges with a missing principal diagnosis code (DX1=" ") and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP-3 processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected: 1 record in 1989 and 1 record in 1990.

Some 1988-1991 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP-3 processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:

DRG   I:DRG in effect on discharge date

- for 1988, 34 records;
- for 1989, 30 record;
- for 1990, 44 records; and
- for 1991, 33 records.

Beginning with 1992 discharges, DRG and MDC were processed correctly.

---- Washington ----

Some 1988-1992 discharges with an invalid principal diagnosis code (DXV1 = 1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP-3 processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:
- for 1988, 184 records;
- for 1989, 68 records;
- for 1990, 13 records;
- for 1991,   1 record; and
- for 1992,   1 record.

Beginning with 1993 discharges, DRG and MDC were processed correctly.

---- Wisconsin ----

Some 1989-1992 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP-3 processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:
- for 1989, 23 records;
- for 1990, 4 records;
- for 1991, 1 record; and
- for 1992, 10 records.

Beginning with 1993 discharges, DRG and MDC were processed correctly.

DRG10   I:DRG, Version 10

		Frequency Counts						
Value	**Value Label**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
DRG, V10	Nonmissing DRG, Version 10	6,268,515	6,156,188	6,195,744	6,538,976	6,385,011	6,714,935	6,542,069

		Percents						
Value	**Value Label**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
DRG, V10	Nonmissing DRG, Version 10	100.00	100.00	100.00	100.00	100.00	100.00	100.00

DRG10   **I:DRG, Version 10**

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

This is the Version 10 Diagnosis Related Group assigned by the HCFA DRG Grouper algorithm during HCUP-3 processing.

Diagnosis and Procedures Used for DRG Assignment

Beginning in 1996, the DRG grouper can handle a maximum of 50 diagnosis and 50 procedure codes. Only diagnoses and procedure that are valid on the date of discharge are used by the grouper for DRG assignment.

From 1988 - 1995, the DRG grouper cannot handle more than 15 diagnoses and 15 procedures. Therefore, the following rules were used when more than 15 diagnoses or 15 procedures were available:

-          the principal diagnosis/procedure (regardless of validity) is retained in DX1/PR1. No secondaries are shifted into the principal position.

-          the first 14 valid (by HCUP-3 standards) additional diagnosis or procedure codes are passed to the HCFA DRG grouper and 3M Mapper software.

Logically Mapping ICD-9-CM Codes for DRG Version 10

The diagnoses or procedures selected by the above rules are first passed to the 3M Mapper software so that each ICD-9-CM code can be logically translated into codes in effect during fiscal year 1992, the period associated with DRG Version 10. The translated codes are then passed to the DRG Version 10 HCFA Grouper software. Caution: The 3M Mapper can translate only those codes with a discharge date occurring after September 30, 1988. Therefore, codes which changed definition on October 1, 1988 may not be properly handled.

DRG10   I:DRG, Version 10

Different Definitions of Diagnosis and Procedure Validity

HCUP-3 validation of diagnosis and procedure codes allows a six-month window (three months before and three months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes. The DRG Grouper rules differ in two ways:

-        diagnosis and procedure codes must be valid on the date of discharge to be used for assigning the DRG; and

-        some valid diagnoses (E-codes) are ruled by the DRG Grouper to be invalid if entered as a principal diagnosis.

This inconsistency between the definition of a valid diagnosis or procedure is obvious when a discharge has a valid principal diagnosis (DXV1=0), but the assigned DRG is 470 "Ungroupable." Consider a discharge with DX1="V300" on October 1, 1989. The diagnosis code "V300" is considered valid by HCUP-3 standards (DXV1=0) because until September 30, 1989 "V300" is a valid ICD-9-CM code. The DRG Grouper does not recognize the "V300" code on October 1, 1989 and therefore groups the record to "Ungroupable," DRG=470 and MDC=0.

Changes in DRG Grouper Logic

Until the eighth version (before October 1, 1990), the first step in the determination of the DRG had been the assignment of the appropriate MDC based on the principal diagnosis. Starting in October 1990, there are two types of exceptions:

-        The principal diagnosis is not the initial variable in DRG assignment when the initial step in DRG assignment is based on a procedure. If a patient has a liver transplant (DRG 480), a bone marrow transplant (DRG 481) or tracheostomy (DRG 482 and 483), then the patient is assigned to these DRGs independent of the MDC assigned from the principal diagnosis.

-        Assignment to MDC 24 (multiple trauma) and MDC 25 (patients with HIV infection) is based on BOTH principal diagnosis and procedure.

Labels

Labels for the DRGs are provided as an ASCII file in NIS tools.

DRG10   I:DRG, Version 10

Additional Notes Specific To NIS:

---- California ----

One discharge in 1991 with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) had the incorrect DRG10 and MDC10 assigned because of a error in HCUP-3 processing. The DRG10 should have been 470; and the MDC10 should have been equal to 0.

No other years are affected.

---- Massachusetts ----

Some 1989-1990 discharges with a missing principal diagnosis code (DX1=" ") and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG10 and MDC10 assigned because of an error in HCUP-3 processing. The DRG10 should be 470; and the MDC10 should be equal to 0. The following number of records are affected: 1 record in 1989 and 1 record in 1990.

Some 1988-1991 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG10 and MDC10 assigned because of an error in HCUP-3 processing. The DRG10 should be 470; and the MDC10 should be equal to 0. The following number of records are affected:
- for 1988, 34 records;
- for 1989, 30 record;
- for 1990, 44 records; and
- for 1991, 33 records.

Beginning with 1992 discharges, DRG10 and MDC10 were processed correctly.

---- Washington ----

Some 1988-1992 discharges with an invalid principal diagnosis code (DXV1 = 1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP-3 processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:

DRG10   I:DRG, Version 10

- for 1988, 184 records;
- for 1989, 68 records;
- for 1990, 13 records;
- for 1991,   1 record; and
- for 1992,   1 record.

Beginning with 1993 discharges, DRG10 and MDC10 were processed correctly.

---- Wisconsin ----

Some 1989-1992 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG10 and MDC10 assigned because of an error in HCUP-3 processing. The DRG10 should be 470; and the MDC10 should be equal to 0. The following number of records are affected:
- for 1989, 23 records;
- for 1990, 4 records;
- for 1991, 1 record; and
- for 1992, 10 records.

Beginning with 1993 discharges, DRG10 and MDC10 were processed correctly.

DRGVER   I:DRG grouper version used on disch date

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
4	4th revision, effective Oct 1, 1987	0	0	0	0	0	0	0
5	5th revision, effective Oct 1, 1988	0	0	0	0	0	0	0
6	6th revision, effective Oct 1, 1989	4,716,152	0	0	0	0	0	0
7	7th revision, effective Oct 1, 1990	1,552,363	4,615,380	0	0	0	0	0
9	Version 9, effective Oct 1, 1991	0	1,540,808	4,664,549	0	0	0	0
10	Version 10, effective Oct 1, 1992	0	0	1,531,195	4,911,825	0	0	0
11	Version 11, effective Oct 1, 1993	0	0	0	1,627,151	4,797,597	0	0
12	Version 12, effective Oct 1, 1994	0	0	0	0	1,587,414	5,051,605	0
13	Version 13, effective Oct 1, 1995	0	0	0	0	0	1,663,330	4,904,120
14	Version 14, effective Oct 1, 1996	0	0	0	0	0	0	1,637,949

DRGVER   I:DRG grouper version used on disch date

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
4	4th revision, effective Oct 1, 1987	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5	5th revision, effective Oct 1, 1988	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6	6th revision, effective Oct 1, 1989	75.24	0.00	0.00	0.00	0.00	0.00	0.00
7	7th revision, effective Oct 1, 1990	24.76	74.97	0.00	0.00	0.00	0.00	0.00
9	Version 9, effective Oct 1, 1991	0.00	25.03	75.29	0.00	0.00	0.00	0.00
10	Version 10, effective Oct 1, 1992	0.00	0.00	24.71	75.12	0.00	0.00	0.00
11	Version 11, effective Oct 1, 1993	0.00	0.00	0.00	24.88	75.14	0.00	0.00
12	Version 12, effective Oct 1, 1994	0.00	0.00	0.00	0.00	24.86	75.23	0.00
13	Version 13, effective Oct 1, 1995	0.00	0.00	0.00	0.00	0.00	24.77	74.96
14	Version 14, effective Oct 1, 1996	0.00	0.00	0.00	0.00	0.00	0.00	25.04

DRGVER   I:DRG grouper version used on disch date

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General HCUP-3 Coding Notes:

DRGVER is assigned by the HCFA DRG grouper during HCUP-3 processing. For discharges occurring before October 1, 1991, DRGVER contains the DRG "revision" number. For discharges after that date, DRGVER contains the DRG "version" number (which is one value higher than the revision number). This coding scheme is consistent with the labeling of the DRG reference material, including the DRG coding books. Thus, on September 30, 1991 the DRGVER = 7; but on October 1, 1991 the DRGVER = 9. See the table below for details.

Value
of DRGVER   Description

4   4th revision, effective Oct 1, 1987
5   5th revision, effective Oct 1, 1988
6   6th revision, effective Oct 1, 1989
7   7th revision, effective Oct 1, 1990
9   Version 9,   effective Oct 1, 1991
10   Version 10,   effective Oct 1, 1992
...   (continued using version number)

DSHOSPID   State Hospital ID Number

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	0	0	0	488,605	475,745	739,680	740,151
Source ID	Nonmissing hospital identifier	6,268,515	6,156,188	6,195,744	6,050,371	5,909,266	5,975,255	5,801,918

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	0.00	0.00	0.00	7.47	7.45	11.02	11.31
Source ID	Nonmissing hospital identifier	100.00	100.00	100.00	92.53	92.55	88.98	88.69

DSHOSPID   State Hospital ID Number

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*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

The hospital identifier as provided by the data source. The hospital entity as defined by the data source may differ from the hospital entity used for HCUP-3 (variable HOSPID), because HCUP-3 defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals.

Additional Notes Specific To NIS:

---- California ----

Included with the general acute care discharges from community hospitals are discharges from skilled nursing, intermediate care, rehabilitation, alcohol/chemical dependency treatment, and psychiatric units.

Stays in these different types of units can be identified by the first digit of the source hospital identifier (DSHOSPID):

0	=	Type of unit unknown (beginning in 1996)
1	=	General acute care
2	=	Not a valid code
3	=	Skilled nursing and intermediate care (long term care)
4	=	Psychiatric care
5	=	Alcohol/chemical dependency recovery treatment
6	=	Acute physical medicine rehabilitation care.

The reliability of this indicator for the type of care depends on how it was assigned.

DSHOSPID   State Hospital ID Number

Prior to 1995

The type of care was assigned by California based on the hospital's licensed units and the proportion of records in a batch of submitted records that fall into each Major Diagnostic Category (MDC). Hospitals were permitted to submit discharge records in one of two ways: submit separate batches of records for each type of care OR bundle records for all types of care into a single submission. How a hospital submitted its records to California determined the accuracy of the type of care indicated in the first digit of DSHOSPID. Consider a hospital which is licensed for more than one type of care:

-       If the hospital submitted one batch of records per type of care, then the distribution of each batch of discharges into MDCs would clearly indicate the type of care (acute, psychiatric, etc.). The data source could then accurately assign the first digit of DSHOSPID.

-       If the same hospital submitted all of its records in one batch, then the distribution of discharges into MDCs would be a mixture of acute and other types of care. The first digit of DSHOSPID would be set to "general acute care" (value = 1) on all records and would not distinguish the types of care.

Prior to 1995, most hospitals submitted only one batch of records to California which meant that the type of care indicated in the first digit of DSHOSPID did not distinguish among types of care.

Beginning in 1995

Hospitals were required to assign type of care codes to individual records for certain discharges. These discharges included:
-       general acute care (value = 1),
-       skilled nursing and intermediate care (value = 3), and
-       rehabilitation care (value = 6).

For discharges from facilities licensed as psychiatric care (value = 4) or alcohol/chemical dependency recovery treatment (value = 5), California continued to assign the type of care code to all discharges from the facility.

---- Kansas ----

For confidentiality purposes, the original hospital identifier, DSHOSPID, has been set to missing (" ") for all Kansas discharges.

DSHOSPID   State Hospital ID Number

---- Missouri ----

Missouri supplied the Medicare Provider Number as the unique hospital identifier.

---- Oregon ----

Beginning with 1995 data, Oregon changed the format of the hospital identification numbers stored in DSHOSPID. The new format is incompatible with the format used in previous years.

---- Pennsylvania ----

Prior to 1995, the three character prefix "PAF" started each Pennsylvania hospital identifier. Beginning in 1995, this prefix was not included in the supplied data. For consistency with previous years of HCUP-3 data, the prefix "PAF" was added to the beginning of the Pennsylvania hospital identifier (DSHOSPID) during HCUP-3 processing.

---- Tennessee ----

For confidentiality purposes, the original hospital identifier, DSHOSPID, has been set to missing (" ") for all Tennessee discharges.

---- South Carolina ----

For confidentiality purposes, the original hospital identifier, DSHOSPID, has been set to missing (" ") for all South Carolina discharges.

DSHOSPID   State Hospital ID Number

---- Washington ----

Included with the records of general acute care stays from community hospitals are records from alcohol dependency units, bone marrow transplant units, extended care units, psychiatric units, rehabilitation units, group health units, and swing bed units. Records for these different types of care can be identified by the fourth digit of the supplied hospital identifier (DSHOSPID) on each patient record:

None	=	General acute care
A	=	Alcohol Dependency Unit
B	=	Bone Marrow Transplant Unit
E	=	Extended Care Unit
H	=	Tacoma General/Group Health Combined
I	=	Group Health only at Tacoma Hospital
P	=	Psychiatric Unit
R	=	Rehabilitation Unit
S	=	Swing Bed Unit

Washington assigns this value to DSHOSPID based upon the type of unit discharging the patient.

DSNDX   I:Max number of diagnoses from source

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
5		3,619,072	3,631,030	2,042,474	624,194	586,767	0	0
6		601,209	564,787	547,621	335,592	0	0	0
7		127,254	131,823	112,273	0	0	0	0
9		920,829	898,081	855,150	855,569	615,705	606,072	593,288
10		0	0	1,640,639	2,490,861	2,693,258	3,190,312	3,150,431
11		0	0	0	611,244	250,289	394,694	316,124
15		0	0	0	131,960	73,979	85,589	82,997
16		0	0	0	487,221	515,213	523,380	521,205
17		0	0	0	0	517,028	513,564	507,916
25		0	0	0	0	0	0	0
30		1,000,151	930,467	997,587	1,002,335	1,132,772	1,401,324	1,370,108

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DSNDX   I:Max number of diagnoses from source

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
5		57.73	58.98	32.97	9.55	9.19	0.00	0.00
6		9.59	9.17	8.84	5.13	0.00	0.00	0.00
7		2.03	2.14	1.81	0.00	0.00	0.00	0.00
9		14.69	14.59	13.80	13.08	9.64	9.03	9.07
10		0.00	0.00	26.48	38.09	42.18	47.51	48.16
11		0.00	0.00	0.00	9.35	3.92	5.88	4.83
15		0.00	0.00	0.00	2.02	1.16	1.27	1.27
16		0.00	0.00	0.00	7.45	8.07	7.79	7.97
17		0.00	0.00	0.00	0.00	8.10	7.65	7.76
25		0.00	0.00	0.00	0.00	0.00	0.00	0.00
30		15.96	15.11	16.10	15.33	17.74	20.87	20.94

DSNDX   I:Max number of diagnoses from source

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General HCUP-3 Coding Notes:

The maximum number of diagnosis codes that could occur on a discharge record from that data source, as of the date of discharge. This number may change over time.

Additional Notes Specific To NIS:

---- All States ----

A maximum of 15 diagnosis fields are retained in the Nationwide Inpatient Sample. For data sources that provide more than 15 diagnosis fields, the value for this variable will be greater than 15.

DSNPR   I:Max number of procedures from source

		Frequency Counts						
Value	Value Label	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
3		4,217,449	4,169,514	2,528,349	871,549	513,850	0	0
5		130,086	158,126	174,019	365,671	72,917	0	0
6		0	0	0	1,440,193	1,427,262	2,277,680	2,218,967
8		435,617	419,467	425,002	241,962	236,227	247,165	237,810
10		485,212	478,614	2,070,787	1,998,085	1,895,763	1,666,233	1,603,066
15		0	0	0	619,181	1,106,220	1,122,533	1,112,118
21		1,000,151	930,467	997,587	729,278	848,027	862,254	846,166
25		0	0	0	224,542	220,688	465,212	448,222
30		0	0	0	48,515	64,057	73,858	75,720

DSNPR   I:Max number of procedures from source

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
3		67.28	67.73	40.81	13.33	8.05	0.00	0.00
5		2.08	2.57	2.81	5.59	1.14	0.00	0.00
6		0.00	0.00	0.00	22.02	22.35	33.92	33.92
8		6.95	6.81	6.86	3.70	3.70	3.68	3.64
10		7.74	7.77	33.42	30.56	29.69	24.81	24.50
15		0.00	0.00	0.00	9.47	17.33	16.72	17.00
21		15.96	15.11	16.10	11.15	13.28	12.84	12.93
25		0.00	0.00	0.00	3.43	3.46	6.93	6.85
30		0.00	0.00	0.00	0.74	1.00	1.10	1.16

DSNPR   I:Max number of procedures from source

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

The maximum number of procedure codes that could occur on a discharge record from that data source, as of the date of discharge. This number may change over time.

Additional Notes Specific To NIS:

---- All States ----

A maximum of 15 procedure fields are retained in the Nationwide Inpatient Sample. For data sources that provide more than 15 procedure fields, the value for this variable will be greater than 15.

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DSNUM   I:Data source ID number

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
2		0	0	0	611,244	517,028	513,564	507,916
3		1,618,243	1,598,068	1,640,639	1,431,273	1,390,417	1,200,713	1,219,831
4		1,000,151	930,467	997,587	729,278	848,027	862,254	846,166
5		631,092	637,081	623,397	627,329	615,705	606,072	593,288
6		485,212	478,614	430,148	302,749	250,289	243,863	161,696
7		601,209	564,787	547,621	444,340	492,225	425,128	375,876
8		127,254	131,823	112,273	92,872	82,669	84,205	84,847
9		175,862	163,571	158,936	127,847	127,860	150,831	154,428
10		435,617	419,467	425,002	241,962	236,227	247,165	237,810
11		328,667	340,146	338,088	277,434	236,663	198,185	197,084
12		130,086	158,126	174,019	131,960	73,979	85,589	82,997
13		735,122	734,038	748,034	408,110	385,990	398,263	392,625
14		0	0	0	264,063	255,057	221,657	221,539
15		0	0	0	88,237	72,917	66,719	68,387
16		0	0	0	487,221	515,213	523,380	521,205

HCUP-3 CODE BOOK
NIS 1990-1996 INPATIENT DATA

DSNUM   I:Data source ID number

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
17		0	0	0	0	0	295,466	282,042
18		0	0	0	48,515	64,057	73,858	75,720
19		0	0	0	224,542	220,688	169,746	166,180
20		0	0	0	0	0	348,277	352,432

DSNUM   I:Data source ID number

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
2		0.00	0.00	0.00	9.35	8.10	7.65	7.76
3		25.82	25.96	26.48	21.89	21.78	17.88	18.65
4		15.96	15.11	16.10	11.15	13.28	12.84	12.93
5		10.07	10.35	10.06	9.59	9.64	9.03	9.07
6		7.74	7.77	6.94	4.63	3.92	3.63	2.47
7		9.59	9.17	8.84	6.80	7.71	6.33	5.75
8		2.03	2.14	1.81	1.42	1.29	1.25	1.30
9		2.81	2.66	2.57	1.96	2.00	2.25	2.36
10		6.95	6.81	6.86	3.70	3.70	3.68	3.64
11		5.24	5.53	5.46	4.24	3.71	2.95	3.01
12		2.08	2.57	2.81	2.02	1.16	1.27	1.27
13		11.73	11.92	12.07	6.24	6.05	5.93	6.00
14		0.00	0.00	0.00	4.04	3.99	3.30	3.39
15		0.00	0.00	0.00	1.35	1.14	0.99	1.05
16		0.00	0.00	0.00	7.45	8.07	7.79	7.97

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DSNUM   I:Data source ID number

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
17		0.00	0.00	0.00	0.00	0.00	4.40	4.31
18		0.00	0.00	0.00	0.74	1.00	1.10	1.16
19		0.00	0.00	0.00	3.43	3.46	2.53	2.54
20		0.00	0.00	0.00	0.00	0.00	5.19	5.39

DSNUM   I:Data source ID number

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General HCUP-3 Coding Notes:

The data source number is assigned in the order in which the different data sources are processed. Therefore, the first data source processed has DSNUM = 1; the second data source has DSNUM = 2, and so forth.

DSTYPE   **I:Data source type**

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
1	State Data Organization	5,809,762	5,657,916	5,683,637	5,856,525	5,789,624	5,543,814	5,317,227
2	Hospital Association	458,753	498,272	512,107	682,451	595,387	1,171,121	1,224,842
3	Consortia	0	0	0	0	0	0	0
9	Other	0	0	0	0	0	0	0

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
1	State Data Organization	92.68	91.91	91.73	89.56	90.68	82.56	81.28
2	Hospital Association	7.32	8.09	8.27	10.44	9.32	17.44	18.72
3	Consortia	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9	Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DSTYPE   I:Data source type

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

DSTYPE is a categorical variable that identifies whether the discharge comes from a state data organization, a private data organization (e.g., a hospital association), or some sub-state (e.g., regional, metropolitan) data source.

DX1   I:Principal diagnosis

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	1,429	15,295	1,514	360	851	2,982	927
Char 5	Nonmissing diagnosis code	6,267,086	6,140,893	6,194,230	6,538,616	6,384,160	6,711,953	6,541,142

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	0.02	0.25	0.02	0.01	0.01	0.04	0.01
Char 5	Nonmissing diagnosis code	99.98	99.75	99.98	99.99	99.99	99.96	99.99

DX1   I:Principal diagnosis

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

The original value of the principal diagnosis (DX1), whether blank or coded, is retained; secondary diagnoses are never shifted into the principal position during HCUP-3 data processing.

Invalid and inconsistent diagnoses (DXn) are retained on the record. Use the validity flags (DXVn) in connection with any analysis of the diagnoses (DXn).

Diagnoses are compared to a list of ICD-9-CM codes valid for the discharge date. Anticipation of or lags in response to official ICD-9-CM coding changes are permitted for discharges occurring within six months of (three months before and three months after) the official ICD-9-CM coding changes (usually October 1). For example, the code for Single Liveborn changed from "V300 " to "V3000" as of October 1, 1989. Under HCUP-3 validation procedures, "V300 " is classified as valid for discharges as late as December 31, 1989, and "V3000" is classified as valid for discharges as early as July 1, 1989.

Valid and invalid values are retained; null values are set to blank. The following are examples of invalid diagnosis codes that remain unchanged but are flagged as invalid:
-       Garbage   "x3yz2"
-       Not left-justified   " nnnn"
-       Intermittent blanks   "nn nn"
-       Zero filled   "00000"

Invalid diagnoses are flagged as follows:
-       The value of DXn is unchanged,
-       DXVn is set to 1, and
-       DCCHPRn is set to invalid (.A).

Diagnoses that are inconsistent with sex coded on the record (ED101-ED1nn) or the patient's age (ED301-ED3nn and ED401-ED4nn) are flagged as follows:
-       The value of DXn is unchanged,
-       DXVn is set to inconsistent (.C), and
-       DCCHPRn is retained (values 1-260).

DX1   I:Principal diagnosis

Additional Notes Specific To NIS:

---- Arizona ----

Beginning with 1995 discharges, Arizona reports two "cause of injury" E-codes in separate variables. During HCUP-3 processing, these E-codes are placed after the last non-missing diagnosis code if they are not already recorded as a secondary diagnosis.

Arizona reports diagnosis codes with an explicit decimal point. The decimal point was removed during HCUP-3 processing.

---- California ----

HIV Test Result Diagnoses

California law prohibits the release of HIV test results in patient-identifiable form to any outside party without the patient's consent. Therefore, records that include certain ICD-9-CM codes that indicate HIV test results were not included in the data supplied for HCUP-3. California eliminated all occurrences of these codes from the diagnosis fields and packed the diagnosis vectors to cover gaps from such removals.

The following ICD-9-CM codes were affected:
-        From January 1988 to October 1, 1994, diagnosis codes of 044.x or 795.8 were removed by the data source prior to submitting data to HCUP-3.

-        Beginning October 1, 1994, diagnosis codes of 795.71 or V08 were removed by the data source prior to submitting data to HCUP-3. These ICD-9-CM codes replaced the earlier codes.

HIV-related diagnoses 042.x and 043.x were unaffected.

The number of such diagnoses eliminated from the principal diagnosis position will be smaller than it otherwise might have been due to a practice in California that actively discourages the reporting of codes for HIV test results (044.x, 795.8, 795.71, and V08) as a principal diagnosis. During data editing, California flags discharges reporting one of these codes in the principal diagnosis position and then calls the submitting hospital to ask if the principal diagnosis should be changed. Hospitals have the option of deleting the code, changing it, or leaving it in place.

DX1   I:Principal diagnosis

Shriner's Hospitals

Shriner's hospitals do not report diagnoses, procedures or total charges.

Psychiatric Diagnoses

Prior to 1995, some hospitals reported psychiatric diagnoses in DSM III which California then converted into ICD-9-CM diagnosis codes. The ICD-9-CM diagnosis codes are included in the HCUP-3 database.

Beginning in 1995, some psychiatric hospitals began submitting data for primary diagnosis according to DSM IV criteria. DSM IV codes are indistinguishable in appearance from ICD-9-CM codes but have substantially different meanings. Because of similarities in the coding structure, the source was unable to convert the DSM IV codes to ICD-9-CM codes. DSM IV codes may occur in the HCUP-3 data. Psychiatric hospitals may be included in the California data; no documentation was available on the use of DSM IV codes in psychiatric units of acute care hospitals.

E-Codes

Beginning with 1990 discharges, the source reports five "cause of injury" E-codes as separate variables. During HCUP-3 processing, E-codes were placed after the last non-missing diagnosis code.

California does not require the reporting of E-codes in the range E870-E879 (misadventures and abnormal reactions).

---- Iowa ----

Beginning in 1994, Iowa reports "cause of injury" E-codes. During HCUP-3 processing, this separately reported E-code variable was placed at the end of the diagnosis vector; since the vector is packed during processing to remove blanks, the position of the E-code for a specific discharge depends on the number of diagnoses reported.

DX1   I:Principal diagnosis

---- Maryland ----

Beginning in 1993, Maryland reports "cause of injury" E-codes as a separate variable. During HCUP-3 processing, this separately reported E-code was placed after the last non-missing secondary diagnosis.

Maryland supplied diagnosis codes in a field of length 7. Only the first five characters contained in the left-justified source field were used to assign the HCUP-3 diagnosis codes.

---- Massachusetts ----

Beginning in 1993, Massachusetts reported one "cause of injury" E-code. During HCUP-3 processing, the separately reported E-code was placed after the last non-missing secondary diagnosis. E-codes can appear in other secondary diagnosis codes.

---- New Jersey ----

Before 1994, the diagnosis codes provided by the state were right-padded with zeros (e.g., the diagnosis code '436' was supplied as '43600'). For the HCUP-3 database the following algorithm was used to validate the diagnosis codes:

Check the five-digit code for validity (using a six-month window for coding changes, 3 months before and 3 months after October of each year when ICD-9-CM coding changes occur).
1)   If the five-digit code is valid, set DXn to the five-digit code and set DXVn = 0.

2)   If the five-digit code is invalid and the fifth digit is a zero**, create a four-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If the four-digit code is valid, set DXn to the four-digit code and set DXVn = 0.

       In 1993 only
       DXn erroneously retained the original invalid five-digit code, instead of the valid four-digit code. DXVn was set to 0 to indicate a valid diagnosis, and DCCHPRn was set based on the valid diagnosis. There was no effect on the other diagnosis-related variables DRG, MDC, DRG10, MDC10, NEOMAT and edit check variables ED100, ED1nn, ED3nn, ED4nn, ED600, and ED601.

DX1   I:Principal diagnosis

3)   If the four-digit code is invalid and the fourth digit is a zero**, create a three-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If the three-digit code is valid, set DXn to the three-digit code and set DXVn = 0.

In 1993 only
DXn erroneously retained the original invalid five-digit code, instead of the valid three-digit code. DXVn was set to 0 to indicate a valid diagnosis, and DCCHPRn was set based on the valid diagnosis. There was no effect on the other diagnosis-related variables DRG, MDC, DRG10, MDC10, NEOMAT and edit check variables ED100, ED1nn, ED3nn, ED4nn, ED600, and ED601.

4)   If the five-, four- and three-digit codes are invalid, save the original five-digit code and set the validity flag to indicate an invalid code (DXVn = 1).

**   In 1993 only
An error in HCUP-3 processing caused invalid five-digit codes that ended in non-zeros, as well as zeros, to be processed by the above algorithm. If deleting the rightmost non-zero digits created a valid code, then
-         DXn was set to the original invalid five digit code,
-         DXVn was set 0 to indicate a valid code,
-         DCCHPR was set based on the stripped valid code, and
-         DRG, MDC, DRG10, MDC10, NEOMAT and edit check variables ED100, ED1nn, ED3nn, ED4nn, ED600, and ED601 may have been incorrectly assigned based on the stripped valid code.

E-Codes

Beginning with 1993 discharges, New Jersey reports "cause of injury" E-codes as a separate variable. During HCUP-3 processing, this E-code was placed after the last non-missing diagnosis code.

---- New York ----

Beginning in 1993, New York reports "cause of injury" and "place of injury" E-codes. During HCUP-3 processing, these separately reported E-codes were placed after the last non-missing secondary diagnosis.

DX1   I:Principal diagnosis

When a "cause of injury" E-code in the range of E850.0 to E869.9 or E880.0 to E928.9 was reported then a "place of injury" E-code was also reported.

If the hospital stay involved the possibility of classifying more than one situation or event, only the single cause of injury, poisoning, or adverse effect that was most severe was reported.

---- Oregon ----

Oregon supplied diagnosis codes in a field of length 6. Only the first five characters contained the diagnosis code and were used to assign the HCUP-3 diagnosis codes.

---- Pennsylvania ----

Beginning with 1993 discharges, Pennsylvania reports "cause of injury" E-codes as a separate variable. During HCUP-3 processing, this E-code was placed after the last non-missing diagnosis code.

Some of the diagnosis codes in the 1989 Pennsylvania data that were flagged as invalid (DXV=1) appear to be valid codes. These diagnosis fields have four digits followed by a fifth digit that is an unprintable null character. The presence of the null character invalidates these otherwise valid diagnosis codes. Only the 1989 Pennsylvania data are affected. The following list includes all diagnosis codes in the 1989 Pennsylvania data that are valid ICD-9-CM codes but are flagged as invalid because they include null characters.

Code	Freq	Diagnosis
1000	929	Leptospirosis Icterohemmorrhagica
2800	93	Chronic Blood Loss Anemia
5600	89	Intussusception
3200	81	Hemophilus Meningitis
5800	61	Acute Proliferative Nephritis
0600	48	Sylvatic Yellow Fever
6200	29	Follicular Cyst of Ovary
2400	24	Simple Goiter
1600	11	Malignant Neoplasm of Nasal Cavities

DX1   I:Principal diagnosis

2100	8	Benign Neoplasm of Lip
3201	3	Pneumococcal Meningitis
3202	3	Streptococcal Meningitis
3208	2	Bacterial Meningitis
5400	2	Acute Appendicitis with Peritonitis
0601	1	Urban Yellow Fever
2801	1	Iron Deficiency Anemic Dietary
6205	1	Torsion of Ovary
6208	1	Noninflammatory Disorders of Ovary

---- South Carolina ----

Beginning in October 1994, South Carolina reports "cause of injury" E-codes, with the exception of medical misadventures.

---- Tennessee ----

Tennessee reports "cause of injury" E-codes as a separate variable. During HCUP-3 processing, this E-code was placed after the last non-missing diagnosis code.

---- Washington ----

Washington reported diagnosis codes in a field of length 6 for 1988-1992 and, beginning in 1993, in a field of length 7. Only the first five characters contain the diagnosis code and were used to assign the HCUP-3 diagnosis code.

In 1988, Washington did not report "cause of injury" E-codes. From 1989-1992, Washington reports two "cause of injury" E-codes. Beginning in 1993, Washington reports only one "cause of injury" E-code. During HCUP-3 processing, any separately reported E-code was placed after the last non-missing secondary diagnosis. Washington does not require hospitals to report E-codes in the range E870-E879 (misadventures and abnormal reactions) to the state data organization.

DX1   I:Principal diagnosis

---- Wisconsin ----

To comply with statutory requirements, Wisconsin modified diagnosis and procedure codes that explicitly referenced induced termination of pregnancy to eliminate distinctions between induced and spontaneous termination. The following codes were modified:
−   Diagnoses with the first three digit of 634, 635, 636, 637, 638 were recoded to 637, while retaining the reported fourth digit,
-        Procedure 6901 was changed to 6902,
−   Procedure 6951 was changed to 6952,
-        Procedure 6993 was changed to 6999,
−   Procedure 7491 was changed to 7499,
-        Procedure 750 was changed to 7599, and
−   Procedures 9641-9649 were changed to 964 (which would be flagged as invalid, PRV=1).

Wisconsin reports one "cause of injury" E-code. During HCUP-3 processing, this separately reported E-code was placed after the last non-missing secondary diagnosis.

DX2   I:Diagnosis 2

		Frequency Counts						
Value	Value Label	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	1,300,278	1,156,047	1,090,434	1,046,592	927,504	925,995	826,467
Char 5	Nonmissing diagnosis code	4,968,237	5,000,141	5,105,310	5,492,384	5,457,507	5,788,940	5,715,602

		Percents						
Value	Value Label	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	20.74	18.78	17.60	16.01	14.53	13.79	12.63
Char 5	Nonmissing diagnosis code	79.26	81.22	82.40	83.99	85.47	86.21	87.37

DX3   I:Diagnosis 3

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	2,621,598	2,380,892	2,275,593	2,246,584	2,058,429	2,069,805	1,894,706
Char 5	Nonmissing diagnosis code	3,646,917	3,775,296	3,920,151	4,292,392	4,326,582	4,645,130	4,647,363

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	41.82	38.67	36.73	34.36	32.24	30.82	28.96
Char 5	Nonmissing diagnosis code	58.18	61.33	63.27	65.64	67.76	69.18	71.04

DX4   I:Diagnosis 4

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	3,609,956	3,339,908	3,223,118	3,241,630	3,009,845	3,053,583	2,826,590
Char 5	Nonmissing diagnosis code	2,658,559	2,816,280	2,972,626	3,297,346	3,375,166	3,661,352	3,715,479

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	57.59	54.25	52.02	49.57	47.14	45.47	43.21
Char 5	Nonmissing diagnosis code	42.41	45.75	47.98	50.43	52.86	54.53	56.79

DX5   I:Diagnosis 5

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	4,381,471	4,111,610	4,005,357	4,069,399	3,811,080	3,886,547	3,633,365
Char 5	Nonmissing diagnosis code	1,887,044	2,044,578	2,190,387	2,469,577	2,573,931	2,828,388	2,908,704

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	69.90	66.79	64.65	62.23	59.69	57.88	55.54
Char 5	Nonmissing diagnosis code	30.10	33.21	35.35	37.77	40.31	42.12	44.46

DX6   I:Diagnosis 6

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	5,897,827	5,748,539	5,307,223	5,271,031	4,727,209	4,622,890	4,358,313
Char 5	Nonmissing diagnosis code	370,688	407,649	888,521	1,267,945	1,657,802	2,092,045	2,183,756

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	94.09	93.38	85.66	80.61	74.04	68.84	66.62
Char 5	Nonmissing diagnosis code	5.91	6.62	14.34	19.39	25.96	31.16	33.38

DX7   I:Diagnosis 7

		Frequency Counts						
Value	Value Label	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	6,046,099	5,904,540	5,587,795	5,635,833	5,163,571	5,170,767	4,901,215
Char 5	Nonmissing diagnosis code	222,416	251,648	607,949	903,143	1,221,440	1,544,168	1,640,854

		Percents						
Value	Value Label	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	96.45	95.91	90.19	86.19	80.87	77.00	74.92
Char 5	Nonmissing diagnosis code	3.55	4.09	9.81	13.81	19.13	23.00	25.08

DX8   I:Diagnosis 8

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	6,118,375	5,982,828	5,765,174	5,889,706	5,498,739	5,587,379	5,334,273
Char 5	Nonmissing diagnosis code	150,140	173,360	430,570	649,270	886,272	1,127,556	1,207,796

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	97.60	97.18	93.05	90.07	86.12	83.21	81.54
Char 5	Nonmissing diagnosis code	2.40	2.82	6.95	9.93	13.88	16.79	18.46

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DX9   I:Diagnosis 9

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	6,169,974	6,040,766	5,896,420	6,080,420	5,760,505	5,920,301	5,682,356
Char 5	Nonmissing diagnosis code	98,541	115,422	299,324	458,556	624,506	794,634	859,713

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	98.43	98.13	95.17	92.99	90.22	88.17	86.86
Char 5	Nonmissing diagnosis code	1.57	1.87	4.83	7.01	9.78	11.83	13.14

DX10   I:Diagnosis 10

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	6,229,891	6,113,868	6,044,288	6,291,198	6,058,797	6,350,258	6,143,969
Char 5	Nonmissing diagnosis code	38,624	42,320	151,456	247,778	326,214	364,677	398,100

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	99.38	99.31	97.56	96.21	94.89	94.57	93.91
Char 5	Nonmissing diagnosis code	0.62	0.69	2.44	3.79	5.11	5.43	6.09

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DX11   I:Diagnosis 11

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	6,245,808	6,130,819	6,162,511	6,481,697	6,281,327	6,582,440	6,393,589
Char 5	Nonmissing diagnosis code	22,707	25,369	33,233	57,279	103,684	132,495	148,480

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	99.64	99.59	99.46	99.12	98.38	98.03	97.73
Char 5	Nonmissing diagnosis code	0.36	0.41	0.54	0.88	1.62	1.97	2.27

DX12   I:Diagnosis 12

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	6,252,955	6,138,873	6,172,585	6,501,190	6,312,211	6,621,906	6,437,054
Char 5	Nonmissing diagnosis code	15,560	17,315	23,159	37,786	72,800	93,029	105,015

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	99.75	99.72	99.63	99.42	98.86	98.61	98.39
Char 5	Nonmissing diagnosis code	0.25	0.28	0.37	0.58	1.14	1.39	1.61

DX13   I:Diagnosis 13

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	6,257,762	6,144,553	6,180,218	6,512,871	6,335,620	6,651,990	6,468,887
Char 5	Nonmissing diagnosis code	10,753	11,635	15,526	26,105	49,391	62,945	73,182

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	99.83	99.81	99.75	99.60	99.23	99.06	98.88
Char 5	Nonmissing diagnosis code	0.17	0.19	0.25	0.40	0.77	0.94	1.12

DX14   I:Diagnosis 14

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	6,261,145	6,148,525	6,185,365	6,520,517	6,350,892	6,669,139	6,488,777
Char 5	Nonmissing diagnosis code	7,370	7,663	10,379	18,459	34,119	45,796	53,292

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	99.88	99.88	99.83	99.72	99.47	99.32	99.19
Char 5	Nonmissing diagnosis code	0.12	0.12	0.17	0.28	0.53	0.68	0.81

DX15   I:Diagnosis 15

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	6,263,515	6,151,276	6,189,225	6,526,216	6,361,333	6,682,340	6,504,364
Char 5	Nonmissing diagnosis code	5,000	4,912	6,519	12,760	23,678	32,595	37,705

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	99.92	99.92	99.89	99.80	99.63	99.51	99.42
Char 5	Nonmissing diagnosis code	0.08	0.08	0.11	0.20	0.37	0.49	0.58

DXn   I:Diagnosis 2-15

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

The vector of secondary diagnoses (DX2-DXn) is packed so that no blanks appear within the vector; the order of the diagnoses as supplied by the data source is retained.

Invalid and inconsistent diagnoses (DXn) are retained on the record. Use the validity flags (DXVn) in connection with any analysis of the diagnoses (DXn).

Diagnoses are compared to a list of ICD-9-CM codes valid for the discharge date. Anticipation of or lags in response to official ICD-9-CM coding changes are permitted for discharges occurring within six months of (three months before and three months after) the official ICD-9-CM coding changes (usually October 1). For example, the code for Single Liveborn changed from "V300 " to "V3000" as of October 1, 1989. Under HCUP-3 validation procedures, "V300 " is classified as valid for discharges as late as December 31, 1989, and "V3000" is classified as valid for discharges as early as July 1, 1989.

Valid and invalid values are retained; null values are set to blank. The following are examples of invalid diagnosis codes that remain unchanged but are flagged as invalid:

-       Garbage   "x3yz2"
-       Not left-justified   " nnnn"
-       Intermittent blanks   "nn nn"
-       Zero filled   "00000"

Invalid diagnoses are flagged as follows:
-       The value of DXn is unchanged,
-       DXVn is set to 1, and
-       DCCHPRn is set to invalid (.A).

Diagnoses that are inconsistent with sex coded on the record (ED102-ED1nn) or the patient's age (ED302-ED3nn and ED402-ED4nn) are flagged as follows:
-       The value of DXn is unchanged,
-       DXVn is set to inconsistent (.C), and
-       DCCHPRn is retained (values 1-260).

Additional Notes Specific To NIS:

---- Arizona ----

Beginning with 1995 discharges, Arizona reports two "cause of injury" E-codes in separate variables. During HCUP-3 processing, these E-codes are placed after the last non-missing diagnosis code if they are not already recorded as a secondary diagnosis.

Arizona reports diagnosis codes with an explicit decimal point. The decimal point was removed during HCUP-3 processing.

---- California ----

HIV Test Result Diagnoses

California law prohibits the release of HIV test results inpatient-identifiable form to any outside party without the patient's consent. Therefore, records that include certain ICD-9-CM codes that indicate HIV test results were not included in the data supplied for HCUP-3. California eliminated all occurrences of these codes from the diagnosis fields and packed the diagnosis vectors to cover gaps from such removals.

The following ICD-9-CM codes were affected:
-       From January 1988 to October 1, 1994, diagnosis codes of 044.x or 795.8 were removed by the data source prior to submitting data to HCUP-3.

-       Beginning October 1, 1994, diagnosis codes of 795.71 or V08 were removed by the data source prior to submitting data to HCUP-3. These ICD-9-CM codes replaced the earlier codes.

HIV-related diagnoses 042.x and 043.x were unaffected.

The number of such diagnoses eliminated from the principal diagnosis position will be smaller than it otherwise might have been due to a practice in California that actively discourages the reporting of codes for HIV test results (044.x, 795.8, 795.71, and V08) as a principal diagnosis. During data editing, California flags discharges reporting one of these codes in the principal diagnosis position and then calls the submitting hospital to ask if the principal diagnosis should be changed. Hospitals have the option of deleting the code, changing it, or leaving it in place.

DXn   I:Diagnosis 2-15

Shriner's Hospitals

Shriner's hospitals do not report diagnoses, procedures or total charges.

Psychiatric Diagnoses

Prior to 1995, some hospitals reported psychiatric diagnoses in DSM III which California then converted into ICD-9-CM diagnosis codes. The ICD-9-CM diagnosis codes are included in the HCUP-3 database.

Beginning in 1995, some psychiatric hospitals began submitting data for primary diagnosis according to DSM IV criteria. DSM IV codes are indistinguishable in appearance from ICD-9-CM codes but have substantially different meanings. Because of similarities in the coding structure, the source was unable to convert the DSM IV codes to ICD-9-CM codes. DSM IV codes may occur in the HCUP-3 data. Psychiatric hospitals may be included in the California data; no documentation was available on the use of DSM IV codes in psychiatric units of acute care hospitals.

E-Codes

Beginning with 1990 discharges, the source reports five "cause of injury" E-codes as separate variables. During HCUP-3 processing, E-codes were placed after the last non-missing diagnosis code.

California does not require the reporting of E-codes in the range E870-E879 (misadventures and abnormal reactions).

---- Iowa ----

Beginning in 1994, Iowa reports "cause of injury" E-codes. During HCUP-3 processing, this separately reported E-code variable was placed at the end of the diagnosis vector; since the vector is packed during processing to remove blanks, the position of the E-code for a specific discharge depends on the number of diagnoses reported.

DXn   I:Diagnosis 2-15

---- Maryland ----

Beginning in 1993, Maryland reports "cause of injury" E-codes as a separate variable. During HCUP-3 processing, this separately reported E-code was placed after the last non-missing secondary diagnosis.

Maryland supplied diagnosis codes in a field of length 7. Only the first five characters contained in the left-justified source field were used to assign the HCUP-3 diagnosis codes.

---- Massachusetts ----

Beginning in 1993, Massachusetts reported one "cause of injury" E-code. During HCUP-3 processing, the separately reported E-code was placed after the last non-missing secondary diagnosis. E-codes can appear in other secondary diagnosis codes.

---- New Jersey ----

Before 1994, the diagnosis codes provided by the state were right-padded with zeros (e.g., the diagnosis code '436' was supplied as '43600'). For the HCUP-3 database the following algorithm was used to validate the diagnosis codes:

Check the five-digit code for validity (using a six-month window for coding changes, 3 months before and 3 months after October of each year when ICD-9-CM coding changes occur).

1)   If the five-digit code is valid, set DXn to the five-digit code and set DXVn = 0.

2)   If the five-digit code is invalid and the fifth digit is a zero**, create a four-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If the four-digit code is valid, set DXn to the four-digit code and set DXVn = 0.

DXn   I:Diagnosis 2-15

<u>In 1993 only</u>
DXn erroneously retained the original invalid five-digit code, instead of the valid four-digit code. DXVn was set to 0 to indicate a valid diagnosis, and DCCHPRn was set based on the valid diagnosis. There was no effect on the other diagnosis-related variables DRG, MDC, DRG10, MDC10, NEOMAT and edit check variables ED100, ED1nn, ED3nn, ED4nn, ED600, and ED601.

3)   If the four-digit code is invalid and the fourth digit is a zero**, create a three-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If the three-digit code is valid, set DXn to the three-digit code and set DXVn = 0.

<u>In 1993 only</u>
DXn erroneously retained the original invalid five-digit code, instead of the valid three-digit code. DXVn was set to 0 to indicate a valid diagnosis, and DCCHPRn was set based on the valid diagnosis. There was no effect on the other diagnosis-related variables DRG, MDC, DRG10, MDC10, NEOMAT and edit check variables ED100, ED1nn, ED3nn, ED4nn, ED600, and ED601.

4)   If the five-, four- and three-digit codes are invalid, save the original five-digit code and set the validity flag to indicate an invalid code (DXVn = 1).

**   <u>In 1993 only</u>
An error in HCUP-3 processing caused invalid five-digit codes that ended in non-zeros, as well as zeros, to be processed by the above algorithm. If deleting the rightmost non-zero digits created a valid code, then
-          DXn was set to the original invalid five digit code,
-          DXVn was set 0 to indicate a valid code,
-          DCCHPR was set based on the stripped valid code, and
-          DRG, MDC, DRG10, MDC10, NEOMAT and edit check variables ED100, ED1nn, ED3nn, ED4nn, ED600, and ED601 may have been incorrectly
           assigned based on the stripped valid code.

<u>E-Codes</u>

Beginning with 1993 discharges, New Jersey reports "cause of injury" E-codes as a separate variable. During HCUP-3 processing, this E-code was placed after the last non-missing diagnosis code.

DXn   I:Diagnosis 2-15

---- New York ----

Beginning in 1993, New York reports "cause of injury" and "place of injury" E-codes. During HCUP-3 processing, these separately reported E-codes were placed after the last non-missing secondary diagnosis.

When a "cause of injury" E-code in the range of E850.0 to E869.9 or E880.0 to E928.9 was reported then a "place of injury" E-code was also reported.

If the hospital stay involved the possibility of classifying more than one situation or event, only the single cause of injury, poisoning, or adverse effect that was most severe was reported.

---- Oregon ----

Oregon supplied diagnosis codes in a field of length 6. Only the first five characters contained the diagnosis code and were used to assign the HCUP-3 diagnosis codes.

---- Pennsylvania ----

Beginning with 1993 discharges, Pennsylvania reports "cause of injury" E-codes as a separate variable. During HCUP-3 processing, this E-code was placed after the last non-missing diagnosis code.

Some of the diagnosis codes in the 1989 Pennsylvania data that were flagged as invalid (DXV=1) appear to be valid codes. These diagnosis fields have four digits followed by a fifth digit that is an unprintable null character. The presence of the null character invalidates these otherwise valid diagnosis codes.
Only the 1989 Pennsylvania data are affected. The following list includes all diagnosis codes in the 1989 Pennsylvania data that are valid ICD-9-CM codes but are flagged as invalid because they include null characters.

Code Freq Diagnosis
1000   929 Leptospirosis Icterohemmorrhagica
2800   93 Chronic Blood Loss Anemia
5600   89 Intussusception
3200   81 Hemophilus Meningitis

DXn   I:Diagnosis 2-15

5800	61	Acute Proliferative Nephritis
0600	48	Sylvatic Yellow Fever
6200	29	Follicular Cyst of Ovary
2400	24	Simple Goiter
1600	11	Malignant Neoplasm of Nasal Cavities
2100	8	Benign Neoplasm of Lip
3201	3	Pneumococcal Meningitis
3202	3	Streptococcal Meningitis
3208	2	Bacterial Meningitis
5400	2	Acute Appendicitis with Peritonitis
0601	1	Urban Yellow Fever
2801	1	Iron Deficiency Anemic Dietary
6205	1	Torsion of Ovary
6208	1	Noninflammatory Disorders of Ovary

---- South Carolina ----

Beginning in October 1994, South Carolina reports "cause of injury" E-codes, with the exception of medical misadventures.

---- Tennessee ----

Tennessee reports "cause of injury" E-codes as a separate variable. During HCUP-3 processing, this E-code was placed after the last non-missing diagnosis code.

---- Washington ----

Washington reported diagnosis codes in a field of length 6 for 1988-1992 and, beginning in 1993, in a field of length 7. Only the first five characters contain the diagnosis code and were used to assign the HCUP-3 diagnosis code.

DXn   I:Diagnosis 2-15

In 1988, Washington did not report "cause of injury" E-codes. From 1989-1992, Washington reports two "cause of injury" E-codes. Beginning in 1993, Washington reports only one "cause of injury" E-code. During HCUP-3 processing, any separately reported E-code was placed after the last non-missing secondary diagnosis. Washington does not require hospitals to report E-codes in the range E870-E879 (misadventures and abnormal reactions) to the state data organization.

---- Wisconsin ----

To comply with statutory requirements, Wisconsin modified diagnosis and procedure codes that explicitly referenced induced termination of pregnancy to eliminate distinctions between induced and spontaneous termination. The following codes were modified:
− Diagnoses with the first three digit of 634, 635, 636, 637, 638 were recoded to 637, while retaining the reported fourth digit,
- Procedure 6901 was changed to 6902,
− Procedure 6951 was changed to 6952,
- Procedure 6993 was changed to 6999,
− Procedure 7491 was changed to 7499,
- Procedure 750 was changed to 7599, and
− Procedures 9641-9649 were changed to 964 (which would be flagged as invalid, PRV=1).

Wisconsin reports one "cause of injury" E-code. During HCUP-3 processing, this separately reported E-code was placed after the last non-missing secondary diagnosis.

DXSYS   **I:Diagnosis coding system**

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
1	ICD-9-CM	6,268,515	6,156,188	6,195,744	6,538,976	6,385,011	6,714,935	6,542,069
.	Missing*	0	0	0	0	0	0	0
.A	Invalid*	0	0	0	0	0	0	0

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
1	ICD-9-CM	100.00	100.00	100.00	100.00	100.00	100.00	100.00
.	Missing*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.A	Invalid*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DXSYS   I:Diagnosis coding system

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

DXSYS indicates the coding system for the diagnoses. DXSYS = 1 indicates ICD-9-CM.

DXV1   I:Validity flag: principal diagnosis

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	6,266,275	6,137,725	6,191,344	6,524,904	6,378,663	6,710,418	6,539,604
1	Invalid code	408	2,847	2,618	13,059	5,136	1,272	1,340
.	No diagnosis code*	1,429	15,295	1,514	360	851	2,982	927
.C	Inconsistent*	403	321	268	653	361	263	198

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	99.96	99.70	99.93	99.78	99.90	99.93	99.96
1	Invalid code	0.01	0.05	0.04	0.20	0.08	0.02	0.02
.	No diagnosis code*	0.02	0.25	0.02	0.01	0.01	0.04	0.01
.C	Inconsistent*	0.01	0.01	0.00	0.01	0.01	0.00	0.00

DXV1   I:Validity flag: principal diagnosis

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

DXVn are validity flags that identify invalid or inconsistent diagnosis in the variables DXn. There is one validity flag for each diagnosis, i.e., DXV1 is the validity flag for DX1.

The following are acceptable values for DXVn:

      0   indicates a valid and consistent diagnosis code.

      1   indicates an invalid code for the discharge date. A six-month window around the discharge date (three months before and three months after) is allowed for anticipation of or lags in response to official ICD-9-CM coding changes.

      .   indicates a missing (blank) diagnosis code.

      .C   indicates that the code is inconsistent with other data (i.e., age or sex) on the discharge abstract. See Technical Supplement on "Quality Control in HCUP-3 Data Processing" for more information.

DXV2   I:Validity flag: diagnosis 2

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	4,966,868	4,996,573	5,103,107	5,478,897	5,452,106	5,787,206	5,714,118
1	Invalid code	717	2,911	1,565	12,556	4,570	1,083	914
.	No diagnosis code*	1,300,278	1,156,047	1,090,434	1,046,592	927,504	925,995	826,467
.C	Inconsistent*	652	657	638	931	831	651	570

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	79.24	81.16	82.36	83.79	85.39	86.18	87.34
1	Invalid code	0.01	0.05	0.03	0.19	0.07	0.02	0.01
.	No diagnosis code*	20.74	18.78	17.60	16.01	14.53	13.79	12.63
.C	Inconsistent*	0.01	0.01	0.01	0.01	0.01	0.01	0.01

DXV3   I:Validity flag: diagnosis 3

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	3,645,970	3,772,991	3,918,472	4,282,154	4,321,940	4,643,714	4,646,321
1	Invalid code	466	1,877	1,252	9,645	4,084	972	617
.	No diagnosis code*	2,621,598	2,380,892	2,275,593	2,246,584	2,058,429	2,069,805	1,894,706
.C	Inconsistent*	481	428	427	593	558	444	425

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	58.16	61.29	63.24	65.49	67.69	69.16	71.02
1	Invalid code	0.01	0.03	0.02	0.15	0.06	0.01	0.01
.	No diagnosis code*	41.82	38.67	36.73	34.36	32.24	30.82	28.96
.C	Inconsistent*	0.01	0.01	0.01	0.01	0.01	0.01	0.01

DXV4   I:Validity flag: diagnosis 4

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	2,657,909	2,814,684	2,971,259	3,289,676	3,371,212	3,660,188	3,714,775
1	Invalid code	323	1,318	1,125	7,279	3,616	829	440
.	No diagnosis code*	3,609,956	3,339,908	3,223,118	3,241,630	3,009,845	3,053,583	2,826,590
.C	Inconsistent*	327	278	242	391	338	335	264

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	42.40	45.72	47.96	50.31	52.80	54.51	56.78
1	Invalid code	0.01	0.02	0.02	0.11	0.06	0.01	0.01
.	No diagnosis code*	57.59	54.25	52.02	49.57	47.14	45.47	43.21
.C	Inconsistent*	0.01	0.00	0.00	0.01	0.01	0.00	0.00

DXV5   I:Validity flag: diagnosis 5

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	1,886,625	2,043,411	2,189,286	2,463,773	2,570,806	2,827,573	2,908,233
1	Invalid code	246	1,015	935	5,586	2,910	603	298
.	No diagnosis code*	4,381,471	4,111,610	4,005,357	4,069,399	3,811,080	3,886,547	3,633,365
.C	Inconsistent*	173	152	166	218	215	212	173

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	30.10	33.19	35.34	37.68	40.26	42.11	44.45
1	Invalid code	0.00	0.02	0.02	0.09	0.05	0.01	0.00
.	No diagnosis code*	69.90	66.79	64.65	62.23	59.69	57.88	55.54
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DXV6   I:Validity flag: diagnosis 6

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	370,627	407,595	888,456	1,267,379	1,655,993	2,091,504	2,183,435
1	Invalid code	20	15	19	485	1,708	419	215
.	No diagnosis code*	5,897,827	5,748,539	5,307,223	5,271,031	4,727,209	4,622,890	4,358,313
.C	Inconsistent*	41	39	46	81	101	122	106

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	5.91	6.62	14.34	19.38	25.94	31.15	33.38
1	Invalid code	0.00	0.00	0.00	0.01	0.03	0.01	0.00
.	No diagnosis code*	94.09	93.38	85.66	80.61	74.04	68.84	66.62
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DXV7   I:Validity flag: diagnosis 7

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	222,404	251,618	607,914	902,751	1,220,145	1,543,749	1,640,602
1	Invalid code	4	7	6	350	1,222	315	185
.	No diagnosis code*	6,046,099	5,904,540	5,587,795	5,635,833	5,163,571	5,170,767	4,901,215
.C	Inconsistent*	8	23	29	42	73	104	67

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	3.55	4.09	9.81	13.81	19.11	22.99	25.08
1	Invalid code	0.00	0.00	0.00	0.01	0.02	0.00	0.00
.	No diagnosis code*	96.45	95.91	90.19	86.19	80.87	77.00	74.92
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DXV8   I:Validity flag: diagnosis 8

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	150,128	173,343	430,540	648,973	885,437	1,127,288	1,207,605
1	Invalid code	1	2	6	267	795	207	134
.	No diagnosis code*	6,118,375	5,982,828	5,765,174	5,889,706	5,498,739	5,587,379	5,334,273
.C	Inconsistent*	11	15	24	30	40	61	57

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	2.39	2.82	6.95	9.92	13.87	16.79	18.46
1	Invalid code	0.00	0.00	0.00	0.00	0.01	0.00	0.00
.	No diagnosis code*	97.60	97.18	93.05	90.07	86.12	83.21	81.54
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DXV9   I:Validity flag: diagnosis 9

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	98,534	115,412	299,305	458,318	623,893	794,460	859,601
1	Invalid code	1	0	1	219	584	131	81
.	No diagnosis code*	6,169,974	6,040,766	5,896,420	6,080,420	5,760,505	5,920,301	5,682,356
.C	Inconsistent*	6	10	18	19	29	43	31

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	1.57	1.87	4.83	7.01	9.77	11.83	13.14
1	Invalid code	0.00	0.00	0.00	0.00	0.01	0.00	0.00
.	No diagnosis code*	98.43	98.13	95.17	92.99	90.22	88.17	86.86
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DXV10   **I:Validity flag: diagnosis 10**

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	38,622	42,319	151,451	247,703	325,951	364,577	398,025
1	Invalid code	0	0	0	65	252	89	70
.	No diagnosis code*	6,229,891	6,113,868	6,044,288	6,291,198	6,058,797	6,350,258	6,143,969
.C	Inconsistent*	2	1	5	10	11	11	5

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	0.62	0.69	2.44	3.79	5.10	5.43	6.08
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No diagnosis code*	99.38	99.31	97.56	96.21	94.89	94.57	93.91
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DXV11   I:Validity flag: diagnosis 11

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	22,707	25,369	33,232	57,275	103,676	132,485	148,472
1	Invalid code	0	0	0	3	7	10	3
.	No diagnosis code*	6,245,808	6,130,819	6,162,511	6,481,697	6,281,327	6,582,440	6,393,589
.C	Inconsistent*	0	0	1	1	1	0	5

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	0.36	0.41	0.54	0.88	1.62	1.97	2.27
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No diagnosis code*	99.64	99.59	99.46	99.12	98.38	98.03	97.73
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DXV12   I:Validity flag: diagnosis 12

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	15,560	17,314	23,159	37,784	72,790	93,023	105,008
1	Invalid code	0	0	0	2	10	4	5
.	No diagnosis code*	6,252,955	6,138,873	6,172,585	6,501,190	6,312,211	6,621,906	6,437,054
.C	Inconsistent*	0	1	0	0	0	2	2

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	0.25	0.28	0.37	0.58	1.14	1.39	1.61
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No diagnosis code*	99.75	99.72	99.63	99.42	98.86	98.61	98.39
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DXV13   I:Validity flag: diagnosis 13

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	10,753	11,635	15,526	26,102	49,382	62,938	73,180
1	Invalid code	0	0	0	1	7	5	2
.	No diagnosis code*	6,257,762	6,144,553	6,180,218	6,512,871	6,335,620	6,651,990	6,468,887
.C	Inconsistent*	0	0	0	2	2	2	0

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	0.17	0.19	0.25	0.40	0.77	0.94	1.12
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No diagnosis code*	99.83	99.81	99.75	99.60	99.23	99.06	98.88
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DXV14   **I:Validity flag: diagnosis 14**

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	7,369	7,663	10,379	18,457	34,110	45,793	53,291
1	Invalid code	0	0	0	1	9	2	0
.	No diagnosis code*	6,261,145	6,148,525	6,185,365	6,520,517	6,350,892	6,669,139	6,488,777
.C	Inconsistent*	1	0	0	1	0	1	1

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	0.12	0.12	0.17	0.28	0.53	0.68	0.81
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No diagnosis code*	99.88	99.88	99.83	99.72	99.47	99.32	99.19
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DXV15   I:Validity flag: diagnosis 15

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	4,998	4,912	6,519	12,759	23,676	32,590	37,700
1	Invalid code	0	0	0	1	2	3	3
.	No diagnosis code*	6,263,515	6,151,276	6,189,225	6,526,216	6,361,333	6,682,340	6,504,364
.C	Inconsistent*	2	0	0	0	0	2	2

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	0.08	0.08	0.11	0.20	0.37	0.49	0.58
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No diagnosis code*	99.92	99.92	99.89	99.80	99.63	99.51	99.42
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

DXVn   I:Validity flag: diagnosis 2-15

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*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

DXVn are validity flags that identify invalid or inconsistent diagnosis in the variables DXn. There is one validity flag for each diagnosis, i.e., DXV2 is the validity flag for DX2.

The following are acceptable values for DXVn:

> 0   indicates a valid and consistent diagnosis code.

> 1   indicates an invalid code for the discharge date. A six-month window around the discharge date (three months before and three months after) is allowed for anticipation of or lags in response to official ICD-9-CM coding changes.

> .   indicates a missing (blank) diagnosis code.

> .C   indicates that the code is inconsistent with other data (i.e., age or sex) on the discharge abstract. See Technical Supplement on "Quality Control in HCUP-3 Data Processing" for more information.

HOSPID   HCUP-3 hospital ID number (SSHHH)

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
HCUP-3 ID	Nonmissing Hospital identifier	6,268,515	6,156,188	6,195,744	6,538,976	6,385,011	6,714,935	6,542,069

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
HCUP-3 ID	Nonmissing Hospital identifier	100.00	100.00	100.00	100.00	100.00	100.00	100.00

HOSPID   HCUP-3 hospital ID number (SSHHH)

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

HCUP-3 defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals. The hospital identifier as defined in HCUP-3 is coded as:
        SSnnn, where SS = State FIPS Code, and
                nnn = hospital number unique to state.

The hospital entity as defined by HOSPID may differ from the data source hospital entity (variable DSHOSPID).

HOSPST   Hospital state postal code

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
AZ	Arizona	175,862	163,571	158,936	127,847	127,860	150,831	154,428
CA	California	1,000,151	930,467	997,587	729,278	848,027	862,254	846,166
CO	Colorado	130,086	158,126	174,019	131,960	73,979	85,589	82,997
CT	Connecticut	0	0	0	48,515	64,057	73,858	75,720
FL	Florida	1,618,243	1,598,068	1,640,639	1,431,273	1,390,417	1,200,713	1,219,831
IA	Iowa	328,667	340,146	338,088	277,434	236,663	198,185	197,084
IL	Illinois	631,092	637,081	623,397	627,329	615,705	606,072	593,288
KS	Kansas	0	0	0	224,542	220,688	169,746	166,180
MA	Massachusetts	485,212	478,614	430,148	302,749	250,289	243,863	161,696
MD	Maryland	0	0	0	487,221	515,213	523,380	521,205
MO	Missouri	0	0	0	0	0	295,466	282,042
NJ	New Jersey	435,617	419,467	425,002	241,962	236,227	247,165	237,810
NY	New York	0	0	0	611,244	517,028	513,564	507,916
OR	Oregon	0	0	0	88,237	72,917	66,719	68,387
PA	Pennsylvania	735,122	734,038	748,034	408,110	385,990	398,263	392,625

HOSPST   Hospital state postal code

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
SC	South Carolina	0	0	0	264,063	255,057	221,657	221,539
TN	Tennessee	0	0	0	0	0	348,277	352,432
WA	Washington	127,254	131,823	112,273	92,872	82,669	84,205	84,847
WI	Wisconsin	601,209	564,787	547,621	444,340	492,225	425,128	375,876

HOSPST   **Hospital state postal code**

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
AZ	Arizona	2.81	2.66	2.57	1.96	2.00	2.25	2.36
CA	California	15.96	15.11	16.10	11.15	13.28	12.84	12.93
CO	Colorado	2.08	2.57	2.81	2.02	1.16	1.27	1.27
CT	Connecticut	0.00	0.00	0.00	0.74	1.00	1.10	1.16
FL	Florida	25.82	25.96	26.48	21.89	21.78	17.88	18.65
IA	Iowa	5.24	5.53	5.46	4.24	3.71	2.95	3.01
IL	Illinois	10.07	10.35	10.06	9.59	9.64	9.03	9.07
KS	Kansas	0.00	0.00	0.00	3.43	3.46	2.53	2.54
MA	Massachusetts	7.74	7.77	6.94	4.63	3.92	3.63	2.47
MD	Maryland	0.00	0.00	0.00	7.45	8.07	7.79	7.97
MO	Missouri	0.00	0.00	0.00	0.00	0.00	4.40	4.31
NJ	New Jersey	6.95	6.81	6.86	3.70	3.70	3.68	3.64
NY	New York	0.00	0.00	0.00	9.35	8.10	7.65	7.76
OR	Oregon	0.00	0.00	0.00	1.35	1.14	0.99	1.05
PA	Pennsylvania	11.73	11.92	12.07	6.24	6.05	5.93	6.00

HOSPST   **Hospital state postal code**

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
SC	South Carolina	0.00	0.00	0.00	4.04	3.99	3.30	3.39
TN	Tennessee	0.00	0.00	0.00	0.00	0.00	5.19	5.39
WA	Washington	2.03	2.14	1.81	1.42	1.29	1.25	1.30
WI	Wisconsin	9.59	9.17	8.84	6.80	7.71	6.33	5.75

HOSPST   **Hospital state postal code**

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General HCUP-3 Coding Notes:

HOSPST indicates the hospital's two-character state postal code (e.g., "CA" for California).

HOSPSTCO   **Hospital state/county FIPS code**

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
04001		0	0	0	0	0	843	1,342
04003		985	2,207	1,368	1,955	1,681	2,334	2,093
04005		7,673	7,712	0	0	8,428	9,398	9,848
04007		0	0	0	0	0	1,863	1,815
04013		118,147	114,353	114,829	83,268	80,687	103,857	107,535
04015		11,553	6,852	5,522	5,632	0	0	0
04017		2,938	2,787	2,958	3,101	3,489	3,734	3,905
04019		29,346	28,400	30,665	32,547	32,068	27,425	26,702
04021		0	0	935	1,344	1,507	1,377	1,188
04023		0	1,260	2,659	0	0	0	0
04025		5,220	0	0	0	0	0	0
06001		26,885	44,015	21,820	0	33,238	25,210	9,960
06005		1,803	2,092	2,554	2,711	2,503	0	0
06007		4,823	4,792	4,530	4,856	4,658	7,210	7,153
06009		1,401	1,457	1,513	1,384	1,450	1,544	1,434

HOSPSTCO   Hospital state/county FIPS code

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
06011		744	0	0	0	0	0	0
06013		5,808	6,176	0	0	4,297	4,121	4,580
06015		2,418	2,427	2,482	2,953	2,832	2,885	2,851
06017		5,226	5,568	0	0	0	0	0
06019		27,261	29,403	28,664	27,328	28,459	25,892	26,326
06021		618	433	326	289	258	284	288
06023		6,484	6,414	13,137	12,923	12,959	13,033	12,754
06025		6,754	6,874	6,875	6,919	6,975	12,540	12,404
06027		2,237	1,956	1,930	1,668	1,575	1,664	1,651
06029		29,174	29,918	29,590	20,706	19,354	20,178	19,760
06031		679	705	4,126	4,225	4,503	4,804	4,880
06033		0	0	0	0	2,547	2,522	2,451
06035		1,667	1,468	1,419	0	0	0	0
06037		323,399	219,498	253,697	187,817	234,213	235,804	228,772
06039		5,093	4,726	0	0	0	0	8,344

HOSPSTCO   Hospital state/county FIPS code

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
06041		1,856	2,008	2,211	2,269	13,143	2,346	2,300
06045		3,150	2,985	7,898	0	0	0	0
06049		103	92	88	0	0	0	0
06051		715	560	660	0	0	0	0
06053		12,331	0	0	0	0	0	0
06055		8,678	8,605	8,386	8,229	8,211	8,886	9,196
06057		0	0	0	0	0	0	0
06059		78,424	89,183	86,121	74,848	82,031	89,389	91,763
06061		6,271	6,491	6,136	0	0	11,417	12,342
06063		712	717	686	721	680	647	730
06065		39,401	35,139	34,825	25,828	27,805	41,217	41,880
06067		62,773	62,973	77,579	45,152	46,384	60,329	59,243
06069		0	0	0	0	2,512	0	0
06071		22,175	23,142	45,674	16,452	48,252	56,366	59,115
06073		129,996	126,869	143,925	112,803	75,784	100,331	103,757

HOSPSTCO   Hospital state/county FIPS code

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
06075		20,835	38,833	43,322	2,481	29,537	2,448	2,608
06077		37,513	38,401	38,596	31,669	31,996	31,806	30,023
06079		14,321	14,419	6,500	6,051	6,495	6,663	6,604
06081		10,424	10,624	13,894	25,195	24,868	12,285	3,812
06083		12,165	12,342	12,891	12,468	8,715	8,701	9,242
06085		22,556	27,240	27,888	43,734	37,346	15,948	14,896
06087		15,226	14,552	14,434	14,205	13,627	13,922	13,090
06091		0	121	87	55	78	81	82
06093		4,126	4,108	3,821	3,732	3,376	3,415	3,359
06097		14,230	14,433	21,880	22,122	20,352	20,491	20,857
06099		22,039	21,527	20,380	183	159	134	87
06101		0	0	0	0	0	10,048	9,945
06105		1,026	1,024	1,039	999	992	0	0
06107		4,963	4,357	4,345	4,605	4,217	4,196	4,162
06109		1,668	1,800	1,658	1,698	1,646	1,702	1,822

HOSPSTCO   Hospital state/county FIPS code

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
06111		0	0	0	0	0	1,795	1,643
08001		6,271	6,948	6,654	5,231	5,447	5,696	5,580
08005		27,859	15,131	16,082	17,080	0	0	0
08013		0	0	6,848	0	7,695	7,797	0
08015		1,277	1,196	1,110	1,079	1,079	1,030	1,147
08021		830	0	0	0	0	0	0
08031		26,481	67,521	80,883	59,065	32,933	18,186	16,065
08037		2,341	2,836	2,604	2,416	2,349	2,335	2,621
08041		27,679	25,533	23,104	0	0	0	0
08043		2,680	2,742	2,794	2,806	3,033	3,429	3,500
08045		3,182	3,331	3,298	0	0	0	0
08059		0	0	0	8,115	0	15,280	22,296
08065		769	813	763	869	886	927	864
08067		0	0	0	5,144	0	0	0
08071		1,337	1,298	1,349	1,539	1,429	1,266	1,302

HOSPSTCO   Hospital state/county FIPS code

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
08073		366	291	326	310	0	0	0
08075		1,870	2,046	2,134	1,912	1,950	1,960	2,040
08077		13,038	13,410	13,323	13,894	78	0	0
08083		0	0	0	0	2,650	2,696	2,524
08085		2,718	2,667	2,987	3,440	3,414	3,205	3,209
08087		2,547	2,939	2,995	1,877	2,517	2,698	2,774
08089		3,175	3,489	2,674	3,445	3,307	3,176	3,006
08095		215	186	196	202	186	207	183
08097		1,453	1,609	1,486	1,510	1,593	1,511	1,746
08099		1,316	1,130	1,286	1,291	1,503	1,597	1,628
08101		0	0	0	0	0	10,553	10,305
08103		399	355	276	285	262	301	271
08105		0	648	388	0	0	0	0
08107		1,722	1,520	0	0	1,170	1,259	1,387
08121		57	0	0	0	0	0	0

HOSPSTCO   **Hospital state/county FIPS code**

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
08125		504	487	459	450	498	480	549
09001		0	0	0	5,861	25,281	23,649	24,013
09003		0	0	0	8,683	8,693	37,607	39,716
09005		0	0	0	4,784	4,819	4,279	3,179
09009		0	0	0	25,895	21,435	0	0
09013		0	0	0	3,292	3,829	3,790	4,096
09015		0	0	0	0	0	4,533	4,716
12001		50,068	51,799	51,949	52,769	51,546	25,309	27,132
12003		507	0	129	4	102	155	300
12005		21,051	21,840	21,082	20,462	20,264	12,628	12,943
12007		889	760	745	1,034	792	641	666
12009		50,342	49,005	51,099	41,003	40,712	40,734	40,882
12011		145,148	141,336	151,161	150,343	142,985	122,694	122,525
12013		584	565	833	648	502	449	416
12015		18,520	18,708	18,973	18,219	18,189	20,625	20,662

HOSPSTCO   Hospital state/county FIPS code

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
12017		11,562	12,884	13,929	13,907	13,673	14,282	14,581
12019		804	620	137	0	0	10,473	10,996
12021		21,494	21,410	22,671	22,492	15,343	0	0
12023		5,761	5,951	5,292	5,257	5,787	5,946	6,818
12025		255,407	248,332	255,780	229,730	211,947	168,327	168,499
12027		2,862	2,965	3,596	3,237	3,188	2,779	2,671
12031		110,170	107,048	106,777	90,123	90,874	87,909	93,295
12033		47,733	48,440	49,504	48,037	49,167	35,976	35,351
12035		1,026	1,128	1,308	1,347	1,268	1,403	1,730
12037		676	633	691	608	688	654	498
12039		1,561	883	0	705	758	620	447
12045		898	1,056	977	713	477	517	559
12047		871	636	642	563	502	463	552
12049		807	643	0	0	0	0	0
12051		1,325	1,119	962	1,103	1,144	1,050	1,041

HOSPSTCO   Hospital state/county FIPS code

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
12053		11,733	11,115	9,731	14,230	15,128	16,234	17,311
12055		11,328	11,696	11,821	12,483	12,546	13,193	12,646
12057		101,998	99,806	99,337	84,568	80,530	54,545	54,575
12059		1,109	776	782	911	1,116	1,072	977
12061		14,406	13,897	13,970	13,946	14,493	14,849	14,517
12063		5,171	4,984	5,162	4,957	4,716	4,836	4,763
12069		17,071	17,366	18,712	9,329	9,305	9,415	9,892
12071		50,244	49,566	49,929	42,446	42,687	44,072	46,130
12073		32,051	33,430	34,004	26,020	33,823	33,833	33,021
12075		716	628	804	891	862	808	865
12079		773	639	506	417	403	433	376
12081		13,885	14,735	14,838	15,405	14,931	0	0
12083		22,101	22,495	22,526	23,392	15,581	15,429	15,513
12085		14,208	13,947	13,867	14,733	14,448	0	0
12087		7,554	7,197	7,600	8,078	7,945	7,699	7,334

HOSPSTCO   Hospital state/county FIPS code

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
12089		1,951	2,201	2,345	2,477	1,994	1,867	2,062
12091		5,056	5,101	5,168	5,702	5,622	6,326	6,560
12093		2,965	2,806	2,967	3,155	3,526	3,795	3,895
12095		117,048	116,604	120,759	120,260	78,346	70,637	71,535
12097		14,013	14,428	13,498	4,236	11,296	8,575	8,837
12099		111,290	109,423	119,133	89,173	91,961	93,268	97,171
12101		26,130	27,383	28,250	19,249	30,009	9,800	9,650
12103		117,132	114,283	122,175	92,919	103,018	110,548	110,219
12105		52,534	51,455	52,158	36,355	38,599	34,099	35,271
12107		5,945	5,967	6,403	6,528	6,544	6,867	6,811
12109		7,071	7,266	0	7,611	7,800	8,387	9,082
12111		5,043	4,957	5,846	6,255	6,249	6,581	7,548
12113		6,610	6,254	6,182	2,847	7,048	5,616	5,310
12115		43,095	43,038	45,048	35,223	44,309	44,546	44,634
12117		2,861	3,264	4,061	5,973	6,256	6,231	6,634

HOSPSTCO   Hospital state/county FIPS code

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
12121		853	627	433	344	247	169	314
12123		1,082	523	334	451	766	899	862
12125		739	608	563	576	483	359	313
12127		40,200	39,580	40,946	15,518	5,684	9,753	10,320
12131		746	855	1,091	976	838	947	1,009
12133		1,465	1,407	1,453	1,335	1,400	1,391	1,310
17001		7,822	7,332	7,248	0	0	0	0
17007		1,965	1,646	1,380	1,454	1,415	1,404	1,605
17011		3,726	0	0	0	0	0	0
17019		0	0	0	0	0	0	0
17021		3,298	3,161	2,774	0	1,600	0	0
17029		8,658	8,577	7,561	7,630	7,266	7,116	6,869
17031		359,518	386,244	366,801	312,956	333,871	319,556	311,439
17037		5,418	5,154	0	0	0	0	0
17039		0	0	0	0	0	0	0

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Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
17041		222	0	0	0	0	0	0
17043		27,836	25,535	28,273	43,027	44,359	44,836	45,633
17045		0	0	1,125	1,014	848	798	840
17051		1,093	1,160	1,256	1,406	1,347	1,050	1,175
17053		1,349	1,288	1,058	1,140	1,124	1,342	1,291
17055		1,821	1,743	1,265	0	0	0	0
17061		438	376	317	319	325	240	218
17065		1,110	0	0	0	0	0	0
17067		1,648	1,379	1,237	1,413	1,276	1,363	1,195
17069		1,433	1,109	920	786	807	722	731
17075		2,497	2,298	2,339	0	0	0	0
17077		8,007	8,012	8,059	8,050	8,853	9,111	8,702
17081		1,673	1,808	0	0	5,406	0	0
17089		29,657	21,365	22,806	23,324	15,568	14,128	13,358
17091		0	0	10,547	10,332	9,736	9,680	9,423

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		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
17095		5,133	5,291	4,904	4,705	4,388	4,177	4,229
17097		18,430	18,289	19,176	21,175	11,251	2,293	2,123
17099		5,932	5,831	5,468	1,943	1,789	5,567	5,167
17105		0	0	0	3,219	3,168	2,722	2,556
17107		3,155	0	0	0	0	0	0
17109		0	0	0	4,533	4,272	3,974	3,931
17111		13,952	13,057	11,789	12,188	12,930	13,404	12,614
17113		17,084	10,876	10,767	0	0	0	0
17115		11,158	11,065	20,717	19,166	9,666	8,474	8,387
17119		14,561	14,536	14,886	14,486	13,585	13,546	13,289
17121		1,958	1,606	0	8,946	9,154	10,859	10,170
17125		741	759	645	669	757	638	555
17131		1,044	985	884	0	0	0	0
17135		1,798	2,043	1,778	1,718	1,593	0	0
17137		6,278	6,254	0	0	0	0	0

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		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
17141		0	0	1,427	1,347	1,319	1,012	1,030
17143		0	7,297	7,126	42,290	41,585	42,477	43,105
17145		1,466	1,432	1,311	0	0	0	0
17147		0	0	0	457	441	402	341
17149		0	0	1,521	1,378	0	0	0
17157		1,538	1,366	1,376	0	0	0	0
17161		11,212	11,189	10,289	0	0	0	0
17163		3,854	3,964	4,519	14,781	3,833	0	0
17165		2,669	2,351	1,951	2,226	2,258	1,846	1,474
17167		26,063	25,782	25,059	25,033	24,309	45,651	44,968
17177		0	0	0	6,025	6,220	6,022	6,120
17179		477	441	415	548	566	744	718
17183		0	430	480	0	411	343	334
17185		1,674	1,550	1,457	1,402	1,364	1,277	1,115
17187		0	1,586	0	0	0	0	0

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		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
17189		1,102	0	0	0	0	0	0
17195		6,660	6,794	6,579	6,848	7,340	6,639	6,259
17199		3,964	4,120	3,907	3,848	3,558	6,013	6,243
17201		0	0	0	15,547	16,147	16,646	16,081
19001		397	388	464	500	461	361	352
19003		573	453	586	609	539	541	475
19005		698	633	674	0	0	0	0
19007		1,297	1,382	1,246	0	0	0	0
19009		452	521	421	0	0	0	0
19011		515	300	272	240	251	245	205
19013		13,669	21,264	21,319	10,340	21,338	9,407	9,395
19015		1,759	1,445	1,695	1,601	1,584	0	0
19017		1,580	1,226	982	0	0	0	0
19019		806	665	529	584	594	472	420
19021		0	2,236	2,138	0	0	0	0

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Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
19025		2,075	1,835	1,777	1,814	1,751	1,908	1,877
19027		2,652	2,656	2,925	2,865	2,798	2,883	3,012
19029		1,901	1,650	1,549	1,626	1,586	1,828	1,921
19033		14,816	14,375	13,420	13,168	0	0	0
19035		1,060	1,090	993	0	0	965	1,066
19037		1,026	886	876	0	0	0	0
19039		402	376	380	0	0	0	0
19041		3,229	2,970	3,015	0	2,620	2,644	2,662
19043		932	849	861	987	796	800	711
19045		6,914	6,159	5,890	5,412	5,397	6,238	6,136
19047		1,397	1,118	783	991	841	0	0
19049		659	719	734	743	589	542	551
19051		0	796	764	0	0	0	0
19053		706	777	729	808	0	0	0
19055		1,441	361	0	0	0	0	0

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Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
19057		7,370	6,907	6,712	7,214	6,956	7,440	7,250
19059		0	1,525	1,450	1,425	1,441	1,540	1,573
19061		16,886	15,836	15,632	10,999	11,009	0	0
19063		0	0	1,672	1,390	1,237	0	0
19065		1,736	653	946	0	0	0	0
19067		707	1,209	1,137	1,115	1,224	1,199	1,281
19069		762	596	0	0	0	0	0
19071		0	0	0	0	0	0	0
19073		680	731	713	0	0	0	0
19075		31	62	166	205	244	180	177
19077		469	428	411	453	368	409	386
19079		2,194	2,013	2,057	0	0	0	0
19081		504	425	339	0	0	0	0
19083		1,568	1,476	1,458	0	0	0	0
19085		828	846	766	757	659	619	624

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Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
19087		1,075	1,260	1,274	1,409	1,455	1,384	1,279
19089		721	723	810	646	490	427	461
19091		570	515	574	0	0	0	0
19093		811	788	757	0	0	0	0
19095		29	25	52	0	0	0	0
19097		1,583	1,459	1,423	0	0	0	0
19099		0	0	0	0	0	0	0
19101		1,337	1,375	1,517	1,510	1,555	0	0
19103		28,313	28,428	28,684	28,348	28,863	25,523	25,448
19105		0	0	0	0	0	0	0
19107		73	75	0	0	0	86	0
19109		1,023	905	825	625	590	441	553
19111		5,752	5,568	5,762	6,206	6,076	6,067	6,440
19113		18,602	29,579	28,684	27,632	26,570	26,061	25,692
19117		780	636	387	0	0	0	0

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Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
19119		451	352	305	307	210	337	428
19121		385	247	297	0	0	0	0
19123		1,769	1,661	1,680	1,917	1,784	1,783	1,967
19125		3,031	2,908	2,780	2,708	1,209	1,248	1,323
19127		5,733	5,004	4,825	4,637	4,249	0	0
19131		941	900	807	765	641	730	680
19133		1,416	1,560	1,372	1,315	1,325	0	0
19135		586	555	500	0	0	0	0
19137		1,622	1,586	1,718	0	0	0	0
19141		1,757	626	407	0	0	0	0
19143		563	530	557	496	494	548	520
19145		2,008	1,836	1,612	533	565	604	611
19147		702	738	698	0	0	0	0
19149		1,554	1,320	1,202	1,094	1,165	1,122	1,056
19151		418	348	390	357	326	320	280

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		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
19153		73,460	73,270	73,139	71,658	32,645	32,408	31,648
19155		12,468	12,736	12,262	12,459	5,418	5,066	5,254
19157		0	0	2,305	2,400	2,552	2,415	2,482
19159		339	252	268	0	0	0	0
19161		0	0	0	0	0	0	0
19163		20,354	18,896	19,840	23,094	22,231	20,290	20,716
19165		1,328	1,211	967	1,062	1,025	1,114	1,052
19167		1,409	1,479	1,431	158	140	124	145
19169		9,932	9,569	9,369	9,151	9,327	9,681	9,716
19175		718	1,480	1,467	1,304	1,305	1,393	1,459
19177		573	592	616	498	0	0	0
19179		7,162	6,869	6,513	6,663	6,367	6,555	6,104
19183		1,267	1,209	1,101	1,252	1,290	0	0
19185		825	846	870	836	812	947	733
19187		5,786	5,508	5,558	0	0	0	0

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Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
19189		563	495	288	0	0	0	0
19191		1,489	1,677	1,411	0	0	0	0
19193		11,972	12,016	11,513	0	11,158	11,290	10,963
19197		726	697	790	548	543	0	0
24001		0	0	0	9,845	9,163	9,769	9,543
24003		0	0	0	32,476	32,307	32,434	46,162
24005		0	0	0	236,315	261,113	290,974	276,722
24009		0	0	0	5,882	6,392	6,190	6,347
24013		0	0	0	9,097	9,392	0	0
24015		0	0	0	5,953	6,267	0	0
24017		0	0	0	5,727	5,739	0	0
24019		0	0	0	4,265	4,293	4,076	3,695
24021		0	0	0	14,954	14,831	14,684	14,782
24023		0	0	0	3,568	3,498	3,239	3,366
24025		0	0	0	6,839	7,083	6,613	6,696

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Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
24029		0	0	0	3,358	3,151	2,917	2,835
24031		0	0	0	76,407	78,461	78,867	77,775
24033		0	0	0	21,138	21,100	20,929	20,554
24037		0	0	0	6,094	5,941	6,180	6,265
24039		0	0	0	727	585	659	563
24041		0	0	0	9,034	9,249	8,975	8,652
24043		0	0	0	15,148	15,514	15,733	15,584
24045		0	0	0	19,664	19,614	19,103	19,750
24047		0	0	0	730	1,520	2,038	1,914
25001		13,184	13,869	13,961	0	0	0	0
25003		9,713	9,920	10,281	10,085	9,694	18,407	19,883
25005		41,529	41,637	42,072	26,350	24,775	23,755	6,358
25007		0	0	713	1,527	1,406	1,569	1,531
25009		27,886	21,211	20,930	10,289	9,499	8,386	6,588
25011		0	0	0	0	0	0	0

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		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
25013		44,308	44,769	45,844	46,430	44,414	41,579	38,961
25015		2,011	11,061	10,343	8,580	7,786	7,566	7,842
25017		90,013	89,186	118,910	68,256	38,452	25,285	14,385
25019		719	842	787	0	0	0	0
25021		40,019	40,074	27,311	16,816	16,770	14,907	13,854
25023		7,993	0	0	0	0	7,176	6,817
25025		129,378	129,236	67,586	75,855	46,701	55,587	6,079
25027		78,459	76,809	71,410	38,561	50,792	39,646	39,398
29001		0	0	0	0	0	6,313	6,372
29007		0	0	0	0	0	5,141	5,162
29019		0	0	0	0	0	6,593	6,448
29021		0	0	0	0	0	17,249	0
29031		0	0	0	0	0	9,773	9,714
29037		0	0	0	0	0	1,166	1,185
29039		0	0	0	0	0	880	920

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Value	Value Label	Frequency Counts						
		1990	1991	1992	1993	1994	1995	1996
29047		0	0	0	0	0	7,823	8,339
29049		0	0	0	0	0	1,253	1,398
29051		0	0	0	0	0	6,015	5,646
29071		0	0	0	0	0	1,541	1,939
29073		0	0	0	0	0	458	461
29075		0	0	0	0	0	715	786
29077		0	0	0	0	0	26,615	25,323
29093		0	0	0	0	0	777	827
29095		0	0	0	0	0	8,643	5,036
29097		0	0	0	0	0	28,810	30,272
29099		0	0	0	0	0	7,274	7,693
29109		0	0	0	0	0	1,556	1,946
29113		0	0	0	0	0	1,633	1,565
29145		0	0	0	0	0	1,873	1,812
29155		0	0	0	0	0	2,775	3,271

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Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
29161		0	0	0	0	0	8,288	7,735
29165		0	0	0	0	0	0	3,509
29167		0	0	0	0	0	3,108	3,188
29171		0	0	0	0	0	412	395
29177		0	0	0	0	0	1,108	1,177
29181		0	0	0	0	0	577	652
29183		0	0	0	0	0	20,024	20,619
29189		0	0	0	0	0	108,659	110,235
29195		0	0	0	0	0	2,354	2,186
29207		0	0	0	0	0	1,032	898
29213		0	0	0	0	0	4,614	4,966
29221		0	0	0	0	0	414	367
34001		27,348	27,655	27,024	3,554	3,365	0	0
34003		58,959	57,470	57,958	23,753	40,885	40,338	40,417
34005		15,041	20,093	20,531	5,666	5,353	4,922	5,172

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		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
34007		47,417	48,042	48,426	48,274	46,339	66,059	66,854
34009		10,882	11,282	10,251	10,322	10,065	9,824	9,905
34011		0	0	0	0	0	0	0
34013		71,243	50,569	51,231	56,407	48,878	50,282	41,703
34015		0	0	0	0	0	0	0
34017		24,930	25,358	33,099	16,284	14,390	16,281	16,713
34019		8,632	8,315	8,541	0	0	0	0
34021		12,068	11,832	11,060	10,211	10,629	11,002	10,770
34023		16,760	16,525	16,978	0	0	0	0
34025		28,729	28,594	28,411	27,225	26,427	18,906	17,960
34027		11,567	11,334	10,941	10,190	0	0	0
34029		36,660	36,623	37,686	15,955	16,173	15,801	15,047
34031		37,387	36,201	36,662	0	0	0	0
34033		7,439	6,269	6,498	6,468	6,250	5,987	5,447
34035		0	0	0	0	0	0	0

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Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
34037		7,895	10,748	7,775	7,653	7,473	7,763	7,822
34039		12,660	12,557	11,930	0	0	0	0
34041		0	0	0	0	0	0	0
36001		0	0	0	165	101	87	60
36003		0	0	0	4,113	1,910	3,630	3,436
36005		0	0	0	58,142	44,725	42,201	43,051
36009		0	0	0	1,562	1,623	1,437	1,490
36013		0	0	0	12,423	12,553	13,297	13,092
36017		0	0	0	0	2,283	2,006	1,864
36025		0	0	0	2,430	0	0	0
36027		0	0	0	25,262	23,038	25,101	25,571
36029		0	0	0	77,606	52,213	45,420	47,599
36031		0	0	0	766	1,241	1,244	1,014
36047		0	0	0	68,276	68,560	79,302	78,658
36049		0	0	0	2,136	2,011	0	0

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Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
36053		0	0	0	0	0	3,703	3,613
36055		0	0	0	13,742	35,989	36,954	34,076
36059		0	0	0	20,720	30,500	26,713	28,274
36061		0	0	0	137,043	59,779	57,734	56,311
36063		0	0	0	8,292	12,931	11,661	10,943
36065		0	0	0	19,065	17,552	12,280	12,503
36067		0	0	0	11,095	12,039	12,738	13,894
36069		0	0	0	3,230	2,457	2,663	2,998
36071		0	0	0	14,774	14,330	3,260	1,078
36075		0	0	0	5,495	7,992	7,977	7,918
36077		0	0	0	14,884	11,844	13,320	13,342
36081		0	0	0	21,125	15,708	19,290	13,840
36083		0	0	0	13,795	9,110	9,084	9,242
36087		0	0	0	1,533	2,902	2,981	3,327
36089		0	0	0	4,597	1,762	595	684

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Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
36093		0	0	0	1,601	0	0	0
36097		0	0	0	1,699	1,618	1,590	1,520
36101		0	0	0	5,746	5,465	5,806	5,903
36103		0	0	0	20,603	21,580	32,493	33,486
36105		0	0	0	7,709	7,693	6,597	7,334
36111		0	0	0	8,367	8,319	9,842	9,755
36117		0	0	0	2,278	2,199	6,435	5,528
36119		0	0	0	20,970	21,366	16,123	16,512
36121		0	0	0	0	3,635	0	0
41003		0	0	0	0	6,638	0	0
41007		0	0	0	3,172	3,444	3,662	3,739
41011		0	0	0	8,037	7,536	7,141	7,673
41013		0	0	0	968	1,129	0	0
41017		0	0	0	1,812	1,199	1,807	1,880
41019		0	0	0	6,420	6,858	6,980	7,022

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Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
41023		0	0	0	736	528	250	423
41033		0	0	0	3,498	3,490	3,347	3,440
41035		0	0	0	7,102	7,148	7,289	7,397
41039		0	0	0	26,232	24,695	26,181	25,535
41047		0	0	0	2,270	2,501	2,633	3,045
41051		0	0	0	20,376	1,392	1,400	1,132
41059		0	0	0	2,442	2,182	2,169	2,247
41061		0	0	0	2,390	2,007	2,054	2,270
41065		0	0	0	2,782	2,170	1,806	2,584
42001		5,517	5,287	0	0	0	0	0
42003		115,609	127,982	144,905	83,319	92,742	113,658	113,701
42005		8,423	7,898	7,427	7,873	8,056	7,233	6,858
42009		3,303	3,305	3,279	0	0	0	0
42011		32,277	31,782	31,784	31,224	0	25,806	25,984
42013		20,117	20,684	21,018	827	1,041	822	1,013

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		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
42015		0	0	257	0	0	0	0
42017		12,724	13,946	14,111	8,438	9,180	9,641	9,939
42021		11,304	11,933	12,180	7,267	9,561	8,668	8,167
42027		3,604	1,303	1,115	0	0	0	0
42029		16,002	16,653	18,563	18,686	18,043	19,439	18,578
42031		3,366	3,091	3,157	2,528	3,051	3,821	3,793
42033		14,394	13,909	13,159	5,649	5,683	5,443	5,105
42035		335	206	200	0	263	215	172
42039		8,872	9,028	8,842	0	0	0	0
42041		0	0	1,689	1,620	422	936	1,987
42043		20,224	20,339	0	0	0	33,341	32,976
42045		6,805	23,915	28,785	28,635	31,009	13,178	13,181
42047		2,959	2,874	3,942	0	0	0	0
42049		20,983	1,066	19,684	18,170	17,425	814	617
42051		2,544	2,483	2,496	0	0	0	0

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		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
42055		3,695	3,739	3,684	0	0	0	0
42057		1,525	1,253	1,074	798	1,158	1,096	1,183
42059		3,523	3,816	3,367	2,976	2,841	0	0
42061		3,680	3,484	3,708	3,804	3,709	3,542	3,519
42065		2,549	2,800	4,881	5,248	2,897	1,755	2,320
42069		17,652	15,266	14,414	15,030	13,817	0	0
42071		39,268	39,023	38,323	12,076	12,219	12,413	11,937
42073		3,452	0	3,364	3,372	3,309	0	0
42075		4,562	10,885	10,649	0	0	0	0
42077		42,703	41,913	41,401	5,840	5,693	5,588	4,699
42079		8,781	8,989	8,922	9,089	1,888	2,015	2,097
42081		13,282	1,977	13,147	978	1,627	875	1,466
42083		0	0	1,321	0	0	0	0
42085		15,665	8,350	13,311	3,849	3,815	2,901	3,678
42087		9,121	9,026	8,843	0	0	0	0

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		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
42089		10,880	10,881	10,454	10,695	0	0	0
42091		41,277	41,524	39,293	8,223	26,058	37,338	48,526
42097		3,572	4,692	4,568	1,692	1,308	562	1,319
42101		139,523	164,211	138,594	79,432	80,324	59,401	40,823
42105		3,412	3,317	2,973	3,104	1,569	1,420	2,686
42107		10,932	8,378	8,306	8,489	9,054	8,761	9,092
42115		2,722	2,402	2,991	1,780	1,786	1,783	1,807
42119		7,610	7,371	7,238	6,793	6,751	6,588	6,354
42125		24,289	11,223	11,581	0	0	0	0
42127		3,835	3,928	3,879	0	0	0	0
42129		8,250	7,906	11,155	10,606	9,691	9,210	9,048
53001		81	177	163	176	107	132	174
53003		0	1,148	1,055	0	0	0	0
53005		1,280	1,371	1,266	1,452	1,322	1,155	1,101
53007		1,169	1,121	1,061	955	1,143	1,120	1,221

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		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
53009		0	0	0	5,401	5,093	5,345	5,482
53011		16,345	16,095	16,232	16,130	16,836	17,865	18,134
53013		0	0	0	0	0	0	0
53015		10,992	11,125	10,928	0	0	0	0
53019		187	210	178	184	336	371	397
53021		3,654	3,542	3,762	4,056	0	0	0
53025		3,493	3,402	3,639	3,780	415	707	854
53027		5,362	5,150	4,692	4,223	4,267	4,305	4,611
53029		2,425	2,293	0	0	0	0	0
53033		40,588	27,285	26,688	26,411	24,045	23,613	22,447
53039		0	0	0	0	0	0	0
53041		0	0	0	0	0	0	0
53043		74	88	94	104	79	569	605
53047		588	580	568	0	0	0	0
53049		611	422	493	377	497	569	576

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		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
53051		340	334	332	0	0	0	0
53053		10,938	11,065	11,631	13,150	12,945	12,990	13,525
53057		11,628	11,498	11,708	0	0	0	0
53061		2,053	2,091	2,147	2,251	1,973	1,730	1,735
53063		9,009	9,349	9,178	9,555	8,880	8,846	9,090
53065		1,505	1,600	1,701	0	0	0	0
53067		0	16,768	0	0	0	0	0
53071		4,080	4,185	4,072	3,896	4,055	4,100	4,034
53075		525	513	519	771	676	788	861
53077		327	411	166	0	0	0	0
55001		798	728	664	0	0	0	0
55003		4,617	4,188	4,170	4,023	3,684	3,964	3,952
55005		1,477	1,260	1,215	1,054	937	860	965
55009		25,664	24,834	23,396	8,789	8,695	0	0
55013		553	595	507	555	554	637	674

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Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
55015		1,152	1,057	962	816	776	667	619
55017		5,619	5,205	4,793	1,075	1,008	1,111	1,105
55019		839	811	893	878	845	880	925
55021		1,648	1,585	1,513	1,486	1,616	1,757	1,651
55025		60,041	59,365	59,157	58,805	58,203	58,909	58,474
55027		7,420	6,836	6,144	3,192	2,976	2,142	1,977
55031		2,064	2,037	1,727	1,621	1,690	0	0
55033		2,008	1,867	2,048	1,841	1,972	1,937	1,744
55035		17,355	16,704	15,958	15,911	16,761	16,635	16,526
55039		11,782	11,032	10,813	10,254	9,578	9,927	9,731
55043		3,902	3,720	3,668	3,498	3,502	3,495	3,368
55045		5,939	5,494	5,291	4,996	4,378	4,065	3,890
55047		2,360	2,398	2,340	2,311	2,168	0	0
55049		1,315	1,301	1,399	0	0	0	0
55053		1,469	1,499	1,471	0	0	0	0

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Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
55055		4,691	4,611	4,457	4,551	4,581	4,227	4,199
55057		0	0	0	0	0	0	0
55059		14,159	14,139	13,546	13,991	13,321	13,277	12,755
55061		447	371	294	338	251	280	292
55063		26,489	26,085	25,158	15,882	15,978	0	0
55065		721	653	601	0	0	0	0
55067		2,103	0	0	0	0	0	0
55071		9,651	4,621	8,413	8,478	8,088	1,817	1,918
55075		0	5,233	4,919	0	0	0	0
55079		175,806	160,456	148,918	117,694	157,559	140,316	95,321
55081		1,557	1,370	1,271	1,257	1,180	1,230	1,151
55083		1,703	1,547	1,507	830	689	788	737
55085		9,230	9,618	9,225	0	5,089	5,281	5,015
55087		20,606	20,179	20,049	20,266	19,951	19,702	18,645
55089		2,939	2,764	2,625	0	3,544	0	0

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		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
55091		936	744	651	679	614	641	623
55093		0	0	0	1,195	0	0	1,155
55095		4,199	3,771	4,053	474	483	540	510
55097		5,904	5,718	5,464	5,176	5,125	4,977	5,067
55099		1,053	1,078	1,090	0	0	0	0
55101		22,032	21,971	21,330	21,034	19,812	12,816	12,366
55103		1,687	1,618	1,568	1,577	1,550	1,457	1,635
55105		18,517	18,046	17,225	17,269	17,275	16,795	15,840
55107		1,244	1,136	1,206	1,269	1,288	1,240	1,104
55109		4,926	4,437	4,240	3,066	4,520	3,350	2,260
55111		6,804	4,557	4,338	4,483	4,786	4,887	4,741
55113		1,099	0	0	0	0	0	0
55115		2,518	2,586	2,632	2,440	3,007	2,878	2,850
55117		11,730	11,048	10,866	10,660	10,592	7,117	7,241
55119		1,402	1,289	1,189	1,155	1,198	1,225	1,156

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		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
55121		1,175	994	971	395	362	359	370
55123		2,364	2,432	2,292	551	423	0	0
55125		1,053	1,178	976	916	818	653	519
55127		0	0	0	0	3,754	3,876	3,861
55129		2,255	2,104	2,059	829	955	1,729	1,550
55131		7,014	1,773	1,642	1,664	1,647	1,735	1,916
55133		29,552	29,287	30,531	30,048	30,014	30,462	31,070
55135		2,000	2,107	2,010	2,121	2,003	1,926	1,814
55137		607	497	533	475	441	443	453
55139		20,343	19,813	19,130	9,955	10,165	10,177	10,160
55141		22,671	22,440	22,513	22,517	21,819	21,941	21,981
.	Missing*	0	0	0	488,605	475,745	739,680	740,151

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
04001		0.00	0.00	0.00	0.00	0.00	0.01	0.02
04003		0.02	0.04	0.02	0.03	0.03	0.03	0.03
04005		0.12	0.13	0.00	0.00	0.13	0.14	0.15
04007		0.00	0.00	0.00	0.00	0.00	0.03	0.03
04013		1.88	1.86	1.85	1.27	1.26	1.55	1.64
04015		0.18	0.11	0.09	0.09	0.00	0.00	0.00
04017		0.05	0.05	0.05	0.05	0.05	0.06	0.06
04019		0.47	0.46	0.49	0.50	0.50	0.41	0.41
04021		0.00	0.00	0.02	0.02	0.02	0.02	0.02
04023		0.00	0.02	0.04	0.00	0.00	0.00	0.00
04025		0.08	0.00	0.00	0.00	0.00	0.00	0.00
06001		0.43	0.71	0.35	0.00	0.52	0.38	0.15
06005		0.03	0.03	0.04	0.04	0.04	0.00	0.00
06007		0.08	0.08	0.07	0.07	0.07	0.11	0.11
06009		0.02	0.02	0.02	0.02	0.02	0.02	0.02

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
06011		0.01	0.00	0.00	0.00	0.00	0.00	0.00
06013		0.09	0.10	0.00	0.00	0.07	0.06	0.07
06015		0.04	0.04	0.04	0.05	0.04	0.04	0.04
06017		0.08	0.09	0.00	0.00	0.00	0.00	0.00
06019		0.43	0.48	0.46	0.42	0.45	0.39	0.40
06021		0.01	0.01	0.01	0.00	0.00	0.00	0.00
06023		0.10	0.10	0.21	0.20	0.20	0.19	0.19
06025		0.11	0.11	0.11	0.11	0.11	0.19	0.19
06027		0.04	0.03	0.03	0.03	0.02	0.02	0.03
06029		0.47	0.49	0.48	0.32	0.30	0.30	0.30
06031		0.01	0.01	0.07	0.06	0.07	0.07	0.07
06033		0.00	0.00	0.00	0.00	0.04	0.04	0.04
06035		0.03	0.02	0.02	0.00	0.00	0.00	0.00
06037		5.16	3.57	4.09	2.87	3.67	3.51	3.50
06039		0.08	0.08	0.00	0.00	0.00	0.00	0.13

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
06041		0.03	0.03	0.04	0.03	0.21	0.03	0.04
06045		0.05	0.05	0.13	0.00	0.00	0.00	0.00
06049		0.00	0.00	0.00	0.00	0.00	0.00	0.00
06051		0.01	0.01	0.01	0.00	0.00	0.00	0.00
06053		0.20	0.00	0.00	0.00	0.00	0.00	0.00
06055		0.14	0.14	0.14	0.13	0.13	0.13	0.14
06057		0.00	0.00	0.00	0.00	0.00	0.00	0.00
06059		1.25	1.45	1.39	1.14	1.28	1.33	1.40
06061		0.10	0.11	0.10	0.00	0.00	0.17	0.19
06063		0.01	0.01	0.01	0.01	0.01	0.01	0.01
06065		0.63	0.57	0.56	0.39	0.44	0.61	0.64
06067		1.00	1.02	1.25	0.69	0.73	0.90	0.91
06069		0.00	0.00	0.00	0.00	0.04	0.00	0.00
06071		0.35	0.38	0.74	0.25	0.76	0.84	0.90
06073		2.07	2.06	2.32	1.73	1.19	1.49	1.59

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
06075		0.33	0.63	0.70	0.04	0.46	0.04	0.04
06077		0.60	0.62	0.62	0.48	0.50	0.47	0.46
06079		0.23	0.23	0.10	0.09	0.10	0.10	0.10
06081		0.17	0.17	0.22	0.39	0.39	0.18	0.06
06083		0.19	0.20	0.21	0.19	0.14	0.13	0.14
06085		0.36	0.44	0.45	0.67	0.58	0.24	0.23
06087		0.24	0.24	0.23	0.22	0.21	0.21	0.20
06091		0.00	0.00	0.00	0.00	0.00	0.00	0.00
06093		0.07	0.07	0.06	0.06	0.05	0.05	0.05
06097		0.23	0.23	0.35	0.34	0.32	0.31	0.32
06099		0.35	0.35	0.33	0.00	0.00	0.00	0.00
06101		0.00	0.00	0.00	0.00	0.00	0.15	0.15
06105		0.02	0.02	0.02	0.02	0.02	0.00	0.00
06107		0.08	0.07	0.07	0.07	0.07	0.06	0.06
06109		0.03	0.03	0.03	0.03	0.03	0.03	0.03

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Value	Value Label	Percents						
		1990	1991	1992	1993	1994	1995	1996
06111		0.00	0.00	0.00	0.00	0.00	0.03	0.03
08001		0.10	0.11	0.11	0.08	0.09	0.08	0.09
08005		0.44	0.25	0.26	0.26	0.00	0.00	0.00
08013		0.00	0.00	0.11	0.00	0.12	0.12	0.00
08015		0.02	0.02	0.02	0.02	0.02	0.02	0.02
08021		0.01	0.00	0.00	0.00	0.00	0.00	0.00
08031		0.42	1.10	1.31	0.90	0.52	0.27	0.25
08037		0.04	0.05	0.04	0.04	0.04	0.03	0.04
08041		0.44	0.41	0.37	0.00	0.00	0.00	0.00
08043		0.04	0.04	0.05	0.04	0.05	0.05	0.05
08045		0.05	0.05	0.05	0.00	0.00	0.00	0.00
08059		0.00	0.00	0.00	0.12	0.00	0.23	0.34
08065		0.01	0.01	0.01	0.01	0.01	0.01	0.01
08067		0.00	0.00	0.00	0.08	0.00	0.00	0.00
08071		0.02	0.02	0.02	0.02	0.02	0.02	0.02

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Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
08073		0.01	0.00	0.01	0.00	0.00	0.00	0.00
08075		0.03	0.03	0.03	0.03	0.03	0.03	0.03
08077		0.21	0.22	0.22	0.21	0.00	0.00	0.00
08083		0.00	0.00	0.00	0.00	0.04	0.04	0.04
08085		0.04	0.04	0.05	0.05	0.05	0.05	0.05
08087		0.04	0.05	0.05	0.03	0.04	0.04	0.04
08089		0.05	0.06	0.04	0.05	0.05	0.05	0.05
08095		0.00	0.00	0.00	0.00	0.00	0.00	0.00
08097		0.02	0.03	0.02	0.02	0.02	0.02	0.03
08099		0.02	0.02	0.02	0.02	0.02	0.02	0.02
08101		0.00	0.00	0.00	0.00	0.00	0.16	0.16
08103		0.01	0.01	0.00	0.00	0.00	0.00	0.00
08105		0.00	0.01	0.01	0.00	0.00	0.00	0.00
08107		0.03	0.02	0.00	0.00	0.02	0.02	0.02
08121		0.00	0.00	0.00	0.00	0.00	0.00	0.00

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
08125		0.01	0.01	0.01	0.01	0.01	0.01	0.01
09001		0.00	0.00	0.00	0.09	0.40	0.35	0.37
09003		0.00	0.00	0.00	0.13	0.14	0.56	0.61
09005		0.00	0.00	0.00	0.07	0.08	0.06	0.05
09009		0.00	0.00	0.00	0.40	0.34	0.00	0.00
09013		0.00	0.00	0.00	0.05	0.06	0.06	0.06
09015		0.00	0.00	0.00	0.00	0.00	0.07	0.07
12001		0.80	0.84	0.84	0.81	0.81	0.38	0.41
12003		0.01	0.00	0.00	0.00	0.00	0.00	0.00
12005		0.34	0.35	0.34	0.31	0.32	0.19	0.20
12007		0.01	0.01	0.01	0.02	0.01	0.01	0.01
12009		0.80	0.80	0.82	0.63	0.64	0.61	0.62
12011		2.32	2.30	2.44	2.30	2.24	1.83	1.87
12013		0.01	0.01	0.01	0.01	0.01	0.01	0.01
12015		0.30	0.30	0.31	0.28	0.28	0.31	0.32

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
12017		0.18	0.21	0.22	0.21	0.21	0.21	0.22
12019		0.01	0.01	0.00	0.00	0.00	0.16	0.17
12021		0.34	0.35	0.37	0.34	0.24	0.00	0.00
12023		0.09	0.10	0.09	0.08	0.09	0.09	0.10
12025		4.07	4.03	4.13	3.51	3.32	2.51	2.58
12027		0.05	0.05	0.06	0.05	0.05	0.04	0.04
12031		1.76	1.74	1.72	1.38	1.42	1.31	1.43
12033		0.76	0.79	0.80	0.73	0.77	0.54	0.54
12035		0.02	0.02	0.02	0.02	0.02	0.02	0.03
12037		0.01	0.01	0.01	0.01	0.01	0.01	0.01
12039		0.02	0.01	0.00	0.01	0.01	0.01	0.01
12045		0.01	0.02	0.02	0.01	0.01	0.01	0.01
12047		0.01	0.01	0.01	0.01	0.01	0.01	0.01
12049		0.01	0.01	0.00	0.00	0.00	0.00	0.00
12051		0.02	0.02	0.02	0.02	0.02	0.02	0.02

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Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
12053		0.19	0.18	0.16	0.22	0.24	0.24	0.26
12055		0.18	0.19	0.19	0.19	0.20	0.20	0.19
12057		1.63	1.62	1.60	1.29	1.26	0.81	0.83
12059		0.02	0.01	0.01	0.01	0.02	0.02	0.01
12061		0.23	0.23	0.23	0.21	0.23	0.22	0.22
12063		0.08	0.08	0.08	0.08	0.07	0.07	0.07
12069		0.27	0.28	0.30	0.14	0.15	0.14	0.15
12071		0.80	0.81	0.81	0.65	0.67	0.66	0.71
12073		0.51	0.54	0.55	0.40	0.53	0.50	0.50
12075		0.01	0.01	0.01	0.01	0.01	0.01	0.01
12079		0.01	0.01	0.01	0.01	0.01	0.01	0.01
12081		0.22	0.24	0.24	0.24	0.23	0.00	0.00
12083		0.35	0.37	0.36	0.36	0.24	0.23	0.24
12085		0.23	0.23	0.22	0.23	0.23	0.00	0.00
12087		0.12	0.12	0.12	0.12	0.12	0.11	0.11

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Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
12089		0.03	0.04	0.04	0.04	0.03	0.03	0.03
12091		0.08	0.08	0.08	0.09	0.09	0.09	0.10
12093		0.05	0.05	0.05	0.05	0.06	0.06	0.06
12095		1.87	1.89	1.95	1.84	1.23	1.05	1.09
12097		0.22	0.23	0.22	0.06	0.18	0.13	0.14
12099		1.78	1.78	1.92	1.36	1.44	1.39	1.49
12101		0.42	0.44	0.46	0.29	0.47	0.15	0.15
12103		1.87	1.86	1.97	1.42	1.61	1.65	1.68
12105		0.84	0.84	0.84	0.56	0.60	0.51	0.54
12107		0.09	0.10	0.10	0.10	0.10	0.10	0.10
12109		0.11	0.12	0.00	0.12	0.12	0.12	0.14
12111		0.08	0.08	0.09	0.10	0.10	0.10	0.12
12113		0.11	0.10	0.10	0.04	0.11	0.08	0.08
12115		0.69	0.70	0.73	0.54	0.69	0.66	0.68
12117		0.05	0.05	0.07	0.09	0.10	0.09	0.10

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
12121		0.01	0.01	0.01	0.01	0.00	0.00	0.00
12123		0.02	0.01	0.01	0.01	0.01	0.01	0.01
12125		0.01	0.01	0.01	0.01	0.01	0.01	0.00
12127		0.64	0.64	0.66	0.24	0.09	0.15	0.16
12131		0.01	0.01	0.02	0.01	0.01	0.01	0.02
12133		0.02	0.02	0.02	0.02	0.02	0.02	0.02
17001		0.12	0.12	0.12	0.00	0.00	0.00	0.00
17007		0.03	0.03	0.02	0.02	0.02	0.02	0.02
17011		0.06	0.00	0.00	0.00	0.00	0.00	0.00
17019		0.00	0.00	0.00	0.00	0.00	0.00	0.00
17021		0.05	0.05	0.04	0.00	0.03	0.00	0.00
17029		0.14	0.14	0.12	0.12	0.11	0.11	0.10
17031		5.74	6.27	5.92	4.79	5.23	4.76	4.76
17037		0.09	0.08	0.00	0.00	0.00	0.00	0.00
17039		0.00	0.00	0.00	0.00	0.00	0.00	0.00

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
17041		0.00	0.00	0.00	0.00	0.00	0.00	0.00
17043		0.44	0.41	0.46	0.66	0.69	0.67	0.70
17045		0.00	0.00	0.02	0.02	0.01	0.01	0.01
17051		0.02	0.02	0.02	0.02	0.02	0.02	0.02
17053		0.02	0.02	0.02	0.02	0.02	0.02	0.02
17055		0.03	0.03	0.02	0.00	0.00	0.00	0.00
17061		0.01	0.01	0.01	0.00	0.01	0.00	0.00
17065		0.02	0.00	0.00	0.00	0.00	0.00	0.00
17067		0.03	0.02	0.02	0.02	0.02	0.02	0.02
17069		0.02	0.02	0.01	0.01	0.01	0.01	0.01
17075		0.04	0.04	0.04	0.00	0.00	0.00	0.00
17077		0.13	0.13	0.13	0.12	0.14	0.14	0.13
17081		0.03	0.03	0.00	0.00	0.08	0.00	0.00
17089		0.47	0.35	0.37	0.36	0.24	0.21	0.20
17091		0.00	0.00	0.17	0.16	0.15	0.14	0.14

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
17095		0.08	0.09	0.08	0.07	0.07	0.06	0.06
17097		0.29	0.30	0.31	0.32	0.18	0.03	0.03
17099		0.09	0.09	0.09	0.03	0.03	0.08	0.08
17105		0.00	0.00	0.00	0.05	0.05	0.04	0.04
17107		0.05	0.00	0.00	0.00	0.00	0.00	0.00
17109		0.00	0.00	0.00	0.07	0.07	0.06	0.06
17111		0.22	0.21	0.19	0.19	0.20	0.20	0.19
17113		0.27	0.18	0.17	0.00	0.00	0.00	0.00
17115		0.18	0.18	0.33	0.29	0.15	0.13	0.13
17119		0.23	0.24	0.24	0.22	0.21	0.20	0.20
17121		0.03	0.03	0.00	0.14	0.14	0.16	0.16
17125		0.01	0.01	0.01	0.01	0.01	0.01	0.01
17131		0.02	0.02	0.01	0.00	0.00	0.00	0.00
17135		0.03	0.03	0.03	0.03	0.02	0.00	0.00
17137		0.10	0.10	0.00	0.00	0.00	0.00	0.00

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
17141		0.00	0.00	0.02	0.02	0.02	0.02	0.02
17143		0.00	0.12	0.12	0.65	0.65	0.63	0.66
17145		0.02	0.02	0.02	0.00	0.00	0.00	0.00
17147		0.00	0.00	0.00	0.01	0.01	0.01	0.01
17149		0.00	0.00	0.02	0.02	0.00	0.00	0.00
17157		0.02	0.02	0.02	0.00	0.00	0.00	0.00
17161		0.18	0.18	0.17	0.00	0.00	0.00	0.00
17163		0.06	0.06	0.07	0.23	0.06	0.00	0.00
17165		0.04	0.04	0.03	0.03	0.04	0.03	0.02
17167		0.42	0.42	0.40	0.38	0.38	0.68	0.69
17177		0.00	0.00	0.00	0.09	0.10	0.09	0.09
17179		0.01	0.01	0.01	0.01	0.01	0.01	0.01
17183		0.00	0.01	0.01	0.00	0.01	0.01	0.01
17185		0.03	0.03	0.02	0.02	0.02	0.02	0.02
17187		0.00	0.03	0.00	0.00	0.00	0.00	0.00

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
17189		0.02	0.00	0.00	0.00	0.00	0.00	0.00
17195		0.11	0.11	0.11	0.10	0.11	0.10	0.10
17199		0.06	0.07	0.06	0.06	0.06	0.09	0.10
17201		0.00	0.00	0.00	0.24	0.25	0.25	0.25
19001		0.01	0.01	0.01	0.01	0.01	0.01	0.01
19003		0.01	0.01	0.01	0.01	0.01	0.01	0.01
19005		0.01	0.01	0.01	0.00	0.00	0.00	0.00
19007		0.02	0.02	0.02	0.00	0.00	0.00	0.00
19009		0.01	0.01	0.01	0.00	0.00	0.00	0.00
19011		0.01	0.00	0.00	0.00	0.00	0.00	0.00
19013		0.22	0.35	0.34	0.16	0.33	0.14	0.14
19015		0.03	0.02	0.03	0.02	0.02	0.00	0.00
19017		0.03	0.02	0.02	0.00	0.00	0.00	0.00
19019		0.01	0.01	0.01	0.01	0.01	0.01	0.01
19021		0.00	0.04	0.03	0.00	0.00	0.00	0.00

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Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
19025		0.03	0.03	0.03	0.03	0.03	0.03	0.03
19027		0.04	0.04	0.05	0.04	0.04	0.04	0.05
19029		0.03	0.03	0.03	0.02	0.02	0.03	0.03
19033		0.24	0.23	0.22	0.20	0.00	0.00	0.00
19035		0.02	0.02	0.02	0.00	0.00	0.01	0.02
19037		0.02	0.01	0.01	0.00	0.00	0.00	0.00
19039		0.01	0.01	0.01	0.00	0.00	0.00	0.00
19041		0.05	0.05	0.05	0.00	0.04	0.04	0.04
19043		0.01	0.01	0.01	0.02	0.01	0.01	0.01
19045		0.11	0.10	0.10	0.08	0.08	0.09	0.09
19047		0.02	0.02	0.01	0.02	0.01	0.00	0.00
19049		0.01	0.01	0.01	0.01	0.01	0.01	0.01
19051		0.00	0.01	0.01	0.00	0.00	0.00	0.00
19053		0.01	0.01	0.01	0.01	0.00	0.00	0.00
19055		0.02	0.01	0.00	0.00	0.00	0.00	0.00

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Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
19057		0.12	0.11	0.11	0.11	0.11	0.11	0.11
19059		0.00	0.02	0.02	0.02	0.02	0.02	0.02
19061		0.27	0.26	0.25	0.17	0.17	0.00	0.00
19063		0.00	0.00	0.03	0.02	0.02	0.00	0.00
19065		0.03	0.01	0.02	0.00	0.00	0.00	0.00
19067		0.01	0.02	0.02	0.02	0.02	0.02	0.02
19069		0.01	0.01	0.00	0.00	0.00	0.00	0.00
19071		0.00	0.00	0.00	0.00	0.00	0.00	0.00
19073		0.01	0.01	0.01	0.00	0.00	0.00	0.00
19075		0.00	0.00	0.00	0.00	0.00	0.00	0.00
19077		0.01	0.01	0.01	0.01	0.01	0.01	0.01
19079		0.04	0.03	0.03	0.00	0.00	0.00	0.00
19081		0.01	0.01	0.01	0.00	0.00	0.00	0.00
19083		0.03	0.02	0.02	0.00	0.00	0.00	0.00
19085		0.01	0.01	0.01	0.01	0.01	0.01	0.01

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Value	Value Label	Percents						
		1990	1991	1992	1993	1994	1995	1996
19087		0.02	0.02	0.02	0.02	0.02	0.02	0.02
19089		0.01	0.01	0.01	0.01	0.01	0.01	0.01
19091		0.01	0.01	0.01	0.00	0.00	0.00	0.00
19093		0.01	0.01	0.01	0.00	0.00	0.00	0.00
19095		0.00	0.00	0.00	0.00	0.00	0.00	0.00
19097		0.03	0.02	0.02	0.00	0.00	0.00	0.00
19099		0.00	0.00	0.00	0.00	0.00	0.00	0.00
19101		0.02	0.02	0.02	0.02	0.02	0.00	0.00
19103		0.45	0.46	0.46	0.43	0.45	0.38	0.39
19105		0.00	0.00	0.00	0.00	0.00	0.00	0.00
19107		0.00	0.00	0.00	0.00	0.00	0.00	0.00
19109		0.02	0.01	0.01	0.01	0.01	0.01	0.01
19111		0.09	0.09	0.09	0.09	0.10	0.09	0.10
19113		0.30	0.48	0.46	0.42	0.42	0.39	0.39
19117		0.01	0.01	0.01	0.00	0.00	0.00	0.00

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Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
19119		0.01	0.01	0.00	0.00	0.00	0.01	0.01
19121		0.01	0.00	0.00	0.00	0.00	0.00	0.00
19123		0.03	0.03	0.03	0.03	0.03	0.03	0.03
19125		0.05	0.05	0.04	0.04	0.02	0.02	0.02
19127		0.09	0.08	0.08	0.07	0.07	0.00	0.00
19131		0.02	0.01	0.01	0.01	0.01	0.01	0.01
19133		0.02	0.03	0.02	0.02	0.02	0.00	0.00
19135		0.01	0.01	0.01	0.00	0.00	0.00	0.00
19137		0.03	0.03	0.03	0.00	0.00	0.00	0.00
19141		0.03	0.01	0.01	0.00	0.00	0.00	0.00
19143		0.01	0.01	0.01	0.01	0.01	0.01	0.01
19145		0.03	0.03	0.03	0.01	0.01	0.01	0.01
19147		0.01	0.01	0.01	0.00	0.00	0.00	0.00
19149		0.02	0.02	0.02	0.02	0.02	0.02	0.02
19151		0.01	0.01	0.01	0.01	0.01	0.00	0.00

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Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
19153		1.17	1.19	1.18	1.10	0.51	0.48	0.48
19155		0.20	0.21	0.20	0.19	0.08	0.08	0.08
19157		0.00	0.00	0.04	0.04	0.04	0.04	0.04
19159		0.01	0.00	0.00	0.00	0.00	0.00	0.00
19161		0.00	0.00	0.00	0.00	0.00	0.00	0.00
19163		0.32	0.31	0.32	0.35	0.35	0.30	0.32
19165		0.02	0.02	0.02	0.02	0.02	0.02	0.02
19167		0.02	0.02	0.02	0.00	0.00	0.00	0.00
19169		0.16	0.16	0.15	0.14	0.15	0.14	0.15
19175		0.01	0.02	0.02	0.02	0.02	0.02	0.02
19177		0.01	0.01	0.01	0.01	0.00	0.00	0.00
19179		0.11	0.11	0.11	0.10	0.10	0.10	0.09
19183		0.02	0.02	0.02	0.02	0.02	0.00	0.00
19185		0.01	0.01	0.01	0.01	0.01	0.01	0.01
19187		0.09	0.09	0.09	0.00	0.00	0.00	0.00

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Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
19189		0.01	0.01	0.00	0.00	0.00	0.00	0.00
19191		0.02	0.03	0.02	0.00	0.00	0.00	0.00
19193		0.19	0.20	0.19	0.00	0.17	0.17	0.17
19197		0.01	0.01	0.01	0.01	0.01	0.00	0.00
24001		0.00	0.00	0.00	0.15	0.14	0.15	0.15
24003		0.00	0.00	0.00	0.50	0.51	0.48	0.71
24005		0.00	0.00	0.00	3.61	4.09	4.33	4.23
24009		0.00	0.00	0.00	0.09	0.10	0.09	0.10
24013		0.00	0.00	0.00	0.14	0.15	0.00	0.00
24015		0.00	0.00	0.00	0.09	0.10	0.00	0.00
24017		0.00	0.00	0.00	0.09	0.09	0.00	0.00
24019		0.00	0.00	0.00	0.07	0.07	0.06	0.06
24021		0.00	0.00	0.00	0.23	0.23	0.22	0.23
24023		0.00	0.00	0.00	0.05	0.05	0.05	0.05
24025		0.00	0.00	0.00	0.10	0.11	0.10	0.10

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
24029		0.00	0.00	0.00	0.05	0.05	0.04	0.04
24031		0.00	0.00	0.00	1.17	1.23	1.17	1.19
24033		0.00	0.00	0.00	0.32	0.33	0.31	0.31
24037		0.00	0.00	0.00	0.09	0.09	0.09	0.10
24039		0.00	0.00	0.00	0.01	0.01	0.01	0.01
24041		0.00	0.00	0.00	0.14	0.14	0.13	0.13
24043		0.00	0.00	0.00	0.23	0.24	0.23	0.24
24045		0.00	0.00	0.00	0.30	0.31	0.28	0.30
24047		0.00	0.00	0.00	0.01	0.02	0.03	0.03
25001		0.21	0.23	0.23	0.00	0.00	0.00	0.00
25003		0.15	0.16	0.17	0.15	0.15	0.27	0.30
25005		0.66	0.68	0.68	0.40	0.39	0.35	0.10
25007		0.00	0.00	0.01	0.02	0.02	0.02	0.02
25009		0.44	0.34	0.34	0.16	0.15	0.12	0.10
25011		0.00	0.00	0.00	0.00	0.00	0.00	0.00

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
25013		0.71	0.73	0.74	0.71	0.70	0.62	0.60
25015		0.03	0.18	0.17	0.13	0.12	0.11	0.12
25017		1.44	1.45	1.92	1.04	0.60	0.38	0.22
25019		0.01	0.01	0.01	0.00	0.00	0.00	0.00
25021		0.64	0.65	0.44	0.26	0.26	0.22	0.21
25023		0.13	0.00	0.00	0.00	0.00	0.11	0.10
25025		2.06	2.10	1.09	1.16	0.73	0.83	0.09
25027		1.25	1.25	1.15	0.59	0.80	0.59	0.60
29001		0.00	0.00	0.00	0.00	0.00	0.09	0.10
29007		0.00	0.00	0.00	0.00	0.00	0.08	0.08
29019		0.00	0.00	0.00	0.00	0.00	0.10	0.10
29021		0.00	0.00	0.00	0.00	0.00	0.26	0.00
29031		0.00	0.00	0.00	0.00	0.00	0.15	0.15
29037		0.00	0.00	0.00	0.00	0.00	0.02	0.02
29039		0.00	0.00	0.00	0.00	0.00	0.01	0.01

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Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
29047		0.00	0.00	0.00	0.00	0.00	0.12	0.13
29049		0.00	0.00	0.00	0.00	0.00	0.02	0.02
29051		0.00	0.00	0.00	0.00	0.00	0.09	0.09
29071		0.00	0.00	0.00	0.00	0.00	0.02	0.03
29073		0.00	0.00	0.00	0.00	0.00	0.01	0.01
29075		0.00	0.00	0.00	0.00	0.00	0.01	0.01
29077		0.00	0.00	0.00	0.00	0.00	0.40	0.39
29093		0.00	0.00	0.00	0.00	0.00	0.01	0.01
29095		0.00	0.00	0.00	0.00	0.00	0.13	0.08
29097		0.00	0.00	0.00	0.00	0.00	0.43	0.46
29099		0.00	0.00	0.00	0.00	0.00	0.11	0.12
29109		0.00	0.00	0.00	0.00	0.00	0.02	0.03
29113		0.00	0.00	0.00	0.00	0.00	0.02	0.02
29145		0.00	0.00	0.00	0.00	0.00	0.03	0.03
29155		0.00	0.00	0.00	0.00	0.00	0.04	0.05

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Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
29161		0.00	0.00	0.00	0.00	0.00	0.12	0.12
29165		0.00	0.00	0.00	0.00	0.00	0.00	0.05
29167		0.00	0.00	0.00	0.00	0.00	0.05	0.05
29171		0.00	0.00	0.00	0.00	0.00	0.01	0.01
29177		0.00	0.00	0.00	0.00	0.00	0.02	0.02
29181		0.00	0.00	0.00	0.00	0.00	0.01	0.01
29183		0.00	0.00	0.00	0.00	0.00	0.30	0.32
29189		0.00	0.00	0.00	0.00	0.00	1.62	1.69
29195		0.00	0.00	0.00	0.00	0.00	0.04	0.03
29207		0.00	0.00	0.00	0.00	0.00	0.02	0.01
29213		0.00	0.00	0.00	0.00	0.00	0.07	0.08
29221		0.00	0.00	0.00	0.00	0.00	0.01	0.01
34001		0.44	0.45	0.44	0.05	0.05	0.00	0.00
34003		0.94	0.93	0.94	0.36	0.64	0.60	0.62
34005		0.24	0.33	0.33	0.09	0.08	0.07	0.08

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Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
34007		0.76	0.78	0.78	0.74	0.73	0.98	1.02
34009		0.17	0.18	0.17	0.16	0.16	0.15	0.15
34011		0.00	0.00	0.00	0.00	0.00	0.00	0.00
34013		1.14	0.82	0.83	0.86	0.77	0.75	0.64
34015		0.00	0.00	0.00	0.00	0.00	0.00	0.00
34017		0.40	0.41	0.53	0.25	0.23	0.24	0.26
34019		0.14	0.14	0.14	0.00	0.00	0.00	0.00
34021		0.19	0.19	0.18	0.16	0.17	0.16	0.16
34023		0.27	0.27	0.27	0.00	0.00	0.00	0.00
34025		0.46	0.46	0.46	0.42	0.41	0.28	0.27
34027		0.18	0.18	0.18	0.16	0.00	0.00	0.00
34029		0.58	0.59	0.61	0.24	0.25	0.24	0.23
34031		0.60	0.59	0.59	0.00	0.00	0.00	0.00
34033		0.12	0.10	0.10	0.10	0.10	0.09	0.08
34035		0.00	0.00	0.00	0.00	0.00	0.00	0.00

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
34037		0.13	0.17	0.13	0.12	0.12	0.12	0.12
34039		0.20	0.20	0.19	0.00	0.00	0.00	0.00
34041		0.00	0.00	0.00	0.00	0.00	0.00	0.00
36001		0.00	0.00	0.00	0.00	0.00	0.00	0.00
36003		0.00	0.00	0.00	0.06	0.03	0.05	0.05
36005		0.00	0.00	0.00	0.89	0.70	0.63	0.66
36009		0.00	0.00	0.00	0.02	0.03	0.02	0.02
36013		0.00	0.00	0.00	0.19	0.20	0.20	0.20
36017		0.00	0.00	0.00	0.00	0.04	0.03	0.03
36025		0.00	0.00	0.00	0.04	0.00	0.00	0.00
36027		0.00	0.00	0.00	0.39	0.36	0.37	0.39
36029		0.00	0.00	0.00	1.19	0.82	0.68	0.73
36031		0.00	0.00	0.00	0.01	0.02	0.02	0.02
36047		0.00	0.00	0.00	1.04	1.07	1.18	1.20
36049		0.00	0.00	0.00	0.03	0.03	0.00	0.00

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Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
36053		0.00	0.00	0.00	0.00	0.00	0.06	0.06
36055		0.00	0.00	0.00	0.21	0.56	0.55	0.52
36059		0.00	0.00	0.00	0.32	0.48	0.40	0.43
36061		0.00	0.00	0.00	2.10	0.94	0.86	0.86
36063		0.00	0.00	0.00	0.13	0.20	0.17	0.17
36065		0.00	0.00	0.00	0.29	0.27	0.18	0.19
36067		0.00	0.00	0.00	0.17	0.19	0.19	0.21
36069		0.00	0.00	0.00	0.05	0.04	0.04	0.05
36071		0.00	0.00	0.00	0.23	0.22	0.05	0.02
36075		0.00	0.00	0.00	0.08	0.13	0.12	0.12
36077		0.00	0.00	0.00	0.23	0.19	0.20	0.20
36081		0.00	0.00	0.00	0.32	0.25	0.29	0.21
36083		0.00	0.00	0.00	0.21	0.14	0.14	0.14
36087		0.00	0.00	0.00	0.02	0.05	0.04	0.05
36089		0.00	0.00	0.00	0.07	0.03	0.01	0.01

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Value	Value Label	Percents						
		1990	1991	1992	1993	1994	1995	1996
36093		0.00	0.00	0.00	0.02	0.00	0.00	0.00
36097		0.00	0.00	0.00	0.03	0.03	0.02	0.02
36101		0.00	0.00	0.00	0.09	0.09	0.09	0.09
36103		0.00	0.00	0.00	0.32	0.34	0.48	0.51
36105		0.00	0.00	0.00	0.12	0.12	0.10	0.11
36111		0.00	0.00	0.00	0.13	0.13	0.15	0.15
36117		0.00	0.00	0.00	0.03	0.03	0.10	0.08
36119		0.00	0.00	0.00	0.32	0.33	0.24	0.25
36121		0.00	0.00	0.00	0.00	0.06	0.00	0.00
41003		0.00	0.00	0.00	0.00	0.10	0.00	0.00
41007		0.00	0.00	0.00	0.05	0.05	0.05	0.06
41011		0.00	0.00	0.00	0.12	0.12	0.11	0.12
41013		0.00	0.00	0.00	0.01	0.02	0.00	0.00
41017		0.00	0.00	0.00	0.03	0.02	0.03	0.03
41019		0.00	0.00	0.00	0.10	0.11	0.10	0.11

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
41023		0.00	0.00	0.00	0.01	0.01	0.00	0.01
41033		0.00	0.00	0.00	0.05	0.05	0.05	0.05
41035		0.00	0.00	0.00	0.11	0.11	0.11	0.11
41039		0.00	0.00	0.00	0.40	0.39	0.39	0.39
41047		0.00	0.00	0.00	0.03	0.04	0.04	0.05
41051		0.00	0.00	0.00	0.31	0.02	0.02	0.02
41059		0.00	0.00	0.00	0.04	0.03	0.03	0.03
41061		0.00	0.00	0.00	0.04	0.03	0.03	0.03
41065		0.00	0.00	0.00	0.04	0.03	0.03	0.04
42001		0.09	0.09	0.00	0.00	0.00	0.00	0.00
42003		1.84	2.08	2.34	1.27	1.45	1.69	1.74
42005		0.13	0.13	0.12	0.12	0.13	0.11	0.10
42009		0.05	0.05	0.05	0.00	0.00	0.00	0.00
42011		0.51	0.52	0.51	0.48	0.00	0.38	0.40
42013		0.32	0.34	0.34	0.01	0.02	0.01	0.02

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
42015		0.00	0.00	0.00	0.00	0.00	0.00	0.00
42017		0.20	0.23	0.23	0.13	0.14	0.14	0.15
42021		0.18	0.19	0.20	0.11	0.15	0.13	0.12
42027		0.06	0.02	0.02	0.00	0.00	0.00	0.00
42029		0.26	0.27	0.30	0.29	0.28	0.29	0.28
42031		0.05	0.05	0.05	0.04	0.05	0.06	0.06
42033		0.23	0.23	0.21	0.09	0.09	0.08	0.08
42035		0.01	0.00	0.00	0.00	0.00	0.00	0.00
42039		0.14	0.15	0.14	0.00	0.00	0.00	0.00
42041		0.00	0.00	0.03	0.02	0.01	0.01	0.03
42043		0.32	0.33	0.00	0.00	0.00	0.50	0.50
42045		0.11	0.39	0.46	0.44	0.49	0.20	0.20
42047		0.05	0.05	0.06	0.00	0.00	0.00	0.00
42049		0.33	0.02	0.32	0.28	0.27	0.01	0.01
42051		0.04	0.04	0.04	0.00	0.00	0.00	0.00

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
42055		0.06	0.06	0.06	0.00	0.00	0.00	0.00
42057		0.02	0.02	0.02	0.01	0.02	0.02	0.02
42059		0.06	0.06	0.05	0.05	0.04	0.00	0.00
42061		0.06	0.06	0.06	0.06	0.06	0.05	0.05
42065		0.04	0.05	0.08	0.08	0.05	0.03	0.04
42069		0.28	0.25	0.23	0.23	0.22	0.00	0.00
42071		0.63	0.63	0.62	0.18	0.19	0.18	0.18
42073		0.06	0.00	0.05	0.05	0.05	0.00	0.00
42075		0.07	0.18	0.17	0.00	0.00	0.00	0.00
42077		0.68	0.68	0.67	0.09	0.09	0.08	0.07
42079		0.14	0.15	0.14	0.14	0.03	0.03	0.03
42081		0.21	0.03	0.21	0.01	0.03	0.01	0.02
42083		0.00	0.00	0.02	0.00	0.00	0.00	0.00
42085		0.25	0.14	0.21	0.06	0.06	0.04	0.06
42087		0.15	0.15	0.14	0.00	0.00	0.00	0.00

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Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
42089		0.17	0.18	0.17	0.16	0.00	0.00	0.00
42091		0.66	0.67	0.63	0.13	0.41	0.56	0.74
42097		0.06	0.08	0.07	0.03	0.02	0.01	0.02
42101		2.23	2.67	2.24	1.21	1.26	0.88	0.62
42105		0.05	0.05	0.05	0.05	0.02	0.02	0.04
42107		0.17	0.14	0.13	0.13	0.14	0.13	0.14
42115		0.04	0.04	0.05	0.03	0.03	0.03	0.03
42119		0.12	0.12	0.12	0.10	0.11	0.10	0.10
42125		0.39	0.18	0.19	0.00	0.00	0.00	0.00
42127		0.06	0.06	0.06	0.00	0.00	0.00	0.00
42129		0.13	0.13	0.18	0.16	0.15	0.14	0.14
53001		0.00	0.00	0.00	0.00	0.00	0.00	0.00
53003		0.00	0.02	0.02	0.00	0.00	0.00	0.00
53005		0.02	0.02	0.02	0.02	0.02	0.02	0.02
53007		0.02	0.02	0.02	0.01	0.02	0.02	0.02

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		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
53009		0.00	0.00	0.00	0.08	0.08	0.08	0.08
53011		0.26	0.26	0.26	0.25	0.26	0.27	0.28
53013		0.00	0.00	0.00	0.00	0.00	0.00	0.00
53015		0.18	0.18	0.18	0.00	0.00	0.00	0.00
53019		0.00	0.00	0.00	0.00	0.01	0.01	0.01
53021		0.06	0.06	0.06	0.06	0.00	0.00	0.00
53025		0.06	0.06	0.06	0.06	0.01	0.01	0.01
53027		0.09	0.08	0.08	0.06	0.07	0.06	0.07
53029		0.04	0.04	0.00	0.00	0.00	0.00	0.00
53033		0.65	0.44	0.43	0.40	0.38	0.35	0.34
53039		0.00	0.00	0.00	0.00	0.00	0.00	0.00
53041		0.00	0.00	0.00	0.00	0.00	0.00	0.00
53043		0.00	0.00	0.00	0.00	0.00	0.01	0.01
53047		0.01	0.01	0.01	0.00	0.00	0.00	0.00
53049		0.01	0.01	0.01	0.01	0.01	0.01	0.01

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Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
53051		0.01	0.01	0.01	0.00	0.00	0.00	0.00
53053		0.17	0.18	0.19	0.20	0.20	0.19	0.21
53057		0.19	0.19	0.19	0.00	0.00	0.00	0.00
53061		0.03	0.03	0.03	0.03	0.03	0.03	0.03
53063		0.14	0.15	0.15	0.15	0.14	0.13	0.14
53065		0.02	0.03	0.03	0.00	0.00	0.00	0.00
53067		0.00	0.27	0.00	0.00	0.00	0.00	0.00
53071		0.07	0.07	0.07	0.06	0.06	0.06	0.06
53075		0.01	0.01	0.01	0.01	0.01	0.01	0.01
53077		0.01	0.01	0.00	0.00	0.00	0.00	0.00
55001		0.01	0.01	0.01	0.00	0.00	0.00	0.00
55003		0.07	0.07	0.07	0.06	0.06	0.06	0.06
55005		0.02	0.02	0.02	0.02	0.01	0.01	0.01
55009		0.41	0.40	0.38	0.13	0.14	0.00	0.00
55013		0.01	0.01	0.01	0.01	0.01	0.01	0.01

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		Percents						
Value	Value Label	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
55015		0.02	0.02	0.02	0.01	0.01	0.01	0.01
55017		0.09	0.08	0.08	0.02	0.02	0.02	0.02
55019		0.01	0.01	0.01	0.01	0.01	0.01	0.01
55021		0.03	0.03	0.02	0.02	0.03	0.03	0.03
55025		0.96	0.96	0.95	0.90	0.91	0.88	0.89
55027		0.12	0.11	0.10	0.05	0.05	0.03	0.03
55031		0.03	0.03	0.03	0.02	0.03	0.00	0.00
55033		0.03	0.03	0.03	0.03	0.03	0.03	0.03
55035		0.28	0.27	0.26	0.24	0.26	0.25	0.25
55039		0.19	0.18	0.17	0.16	0.15	0.15	0.15
55043		0.06	0.06	0.06	0.05	0.05	0.05	0.05
55045		0.09	0.09	0.09	0.08	0.07	0.06	0.06
55047		0.04	0.04	0.04	0.04	0.03	0.00	0.00
55049		0.02	0.02	0.02	0.00	0.00	0.00	0.00
55053		0.02	0.02	0.02	0.00	0.00	0.00	0.00

HOSPSTCO   Hospital state/county FIPS code

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
55055		0.07	0.07	0.07	0.07	0.07	0.06	0.06
55057		0.00	0.00	0.00	0.00	0.00	0.00	0.00
55059		0.23	0.23	0.22	0.21	0.21	0.20	0.19
55061		0.01	0.01	0.00	0.01	0.00	0.00	0.00
55063		0.42	0.42	0.41	0.24	0.25	0.00	0.00
55065		0.01	0.01	0.01	0.00	0.00	0.00	0.00
55067		0.03	0.00	0.00	0.00	0.00	0.00	0.00
55071		0.15	0.08	0.14	0.13	0.13	0.03	0.03
55075		0.00	0.09	0.08	0.00	0.00	0.00	0.00
55079		2.80	2.61	2.40	1.80	2.47	2.09	1.46
55081		0.02	0.02	0.02	0.02	0.02	0.02	0.02
55083		0.03	0.03	0.02	0.01	0.01	0.01	0.01
55085		0.15	0.16	0.15	0.00	0.08	0.08	0.08
55087		0.33	0.33	0.32	0.31	0.31	0.29	0.29
55089		0.05	0.04	0.04	0.00	0.06	0.00	0.00

HOSPSTCO   Hospital state/county FIPS code

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
55091		0.01	0.01	0.01	0.01	0.01	0.01	0.01
55093		0.00	0.00	0.00	0.02	0.00	0.00	0.02
55095		0.07	0.06	0.07	0.01	0.01	0.01	0.01
55097		0.09	0.09	0.09	0.08	0.08	0.07	0.08
55099		0.02	0.02	0.02	0.00	0.00	0.00	0.00
55101		0.35	0.36	0.34	0.32	0.31	0.19	0.19
55103		0.03	0.03	0.03	0.02	0.02	0.02	0.02
55105		0.30	0.29	0.28	0.26	0.27	0.25	0.24
55107		0.02	0.02	0.02	0.02	0.02	0.02	0.02
55109		0.08	0.07	0.07	0.05	0.07	0.05	0.03
55111		0.11	0.07	0.07	0.07	0.07	0.07	0.07
55113		0.02	0.00	0.00	0.00	0.00	0.00	0.00
55115		0.04	0.04	0.04	0.04	0.05	0.04	0.04
55117		0.19	0.18	0.18	0.16	0.17	0.11	0.11
55119		0.02	0.02	0.02	0.02	0.02	0.02	0.02

HOSPSTCO   Hospital state/county FIPS code

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
55121		0.02	0.02	0.02	0.01	0.01	0.01	0.01
55123		0.04	0.04	0.04	0.01	0.01	0.00	0.00
55125		0.02	0.02	0.02	0.01	0.01	0.01	0.01
55127		0.00	0.00	0.00	0.00	0.06	0.06	0.06
55129		0.04	0.03	0.03	0.01	0.01	0.03	0.02
55131		0.11	0.03	0.03	0.03	0.03	0.03	0.03
55133		0.47	0.48	0.49	0.46	0.47	0.45	0.47
55135		0.03	0.03	0.03	0.03	0.03	0.03	0.03
55137		0.01	0.01	0.01	0.01	0.01	0.01	0.01
55139		0.32	0.32	0.31	0.15	0.16	0.15	0.16
55141		0.36	0.36	0.36	0.34	0.34	0.33	0.34
.	Missing*	0.00	0.00	0.00	7.47	7.45	11.02	11.31

HOSPSTCO   **Hospital state/county FIPS code**

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

HOSPSTCO indicates the five-digit state and county modified FIPS code listed for that hospital in the American Hospital Association Annual Survey of Hospitals. Each hospital has only one unique state/county code. If multiple hospital units are in different counties, HOSPSTCO is the county code of the primary facility (as indicated by American Hospital Association Annual Survey information).

HOSPSTCO can be used to link HCUP-3 data to any other data set that uses the modified FIPS county code, such as the Area Resource File and the American Hospital Association Annual Survey of Hospitals.

Additional Notes Specific To NIS:

---- Kansas ----

For confidentiality purposes, the hospital state county code, HOSPSTCO, has been set to missing (.) for all Kansas discharges.

---- Tennessee ----

For confidentiality purposes, the hospital state county code, HOSPSTCO, has been set to missing (.) for all Tennessee discharges.

---- South Carolina ----

For confidentiality purposes, the hospital state county code, HOSPSTCO, has been set to missing (.) for all South Carolina discharges.

LOS   I:Length of stay (cleaned)

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
.	Missing*	3	1	1	0	3	1	3
.A	Invalid*	0	0	0	2	1	2	0
.B	Unavailable from source*	0	0	0	0	0	0	0
.C	Inconsistent*	6,613	5,395	9,310	6,630	14,164	18,382	17,114
Days	Nonmissing length of stay	6,261,899	6,150,792	6,186,433	6,532,344	6,370,843	6,696,550	6,524,952

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
.	Missing*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.A	Invalid*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.B	Unavailable from source*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.C	Inconsistent*	0.11	0.09	0.15	0.10	0.22	0.27	0.26
Days	Nonmissing length of stay	99.89	99.91	99.85	99.90	99.78	99.73	99.74

LOS   I:Length of stay (cleaned)

Minimum						
1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	0	0	0	0	0	0

Maximum						
1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
7,307	7,046	26,670	28,665	25,644	32,205	29,532

Mean						
1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
6.11	6.04	5.92	5.83	5.52	5.26	5.05

LOS   I:Length of stay (cleaned)

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*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

Length of stay (LOS) is calculated by subtracting the admission date (ADATE) from the discharge date (DDATE). Same-day stays are therefore coded as 0. Leave days are not subtracted. Before edit checks are performed, LOS and LOS_X have the same value. If LOS is set to inconsistent (.C), the value of LOS_X is retained.

LOS is not equal to the calculated value in the following cases:
-       LOS is set to the supplied length of stay if the length of stay cannot be calculated (ADATE and/or DDATE is missing or invalid). Note: If the supplied length of stay codes same-day stays as 1 or subtracts leave days, then the supplied length of stay is NOT used.

-       LOS is missing (.) if the length of stay cannot be calculated and the supplied length of stay is missing.

-       LOS is invalid (.A) if
                -       it is greater than the maximum allowed during HCUP-3 processing (LOS > 32,767) or
                -       the length of stay cannot be calculated and the supplied length of stay is non-numeric.

-       LOS is inconsistent (.C) if LOS is negative (ED011), unjustifiably longer than 365 days (ED601), or charges per day are unjustifiably low (ED911) or high (ED921).

-       LOS is unavailable from data source (.B) if the data source does not supply either
                - admission date (ADATE) and discharge date (DDATE), or
                - length of stay.

An invalid/inconsistent calculated LOS is not replaced by the supplied length of stay.

LOS   I:Length of stay (cleaned)

Additional Notes Specific To NIS:

---- Arizona ----

For 1989-1994, the reported length of stay was not used when LOS could not be calculated because Arizona coded same-day stays with a value of 1 and subtracted days of absence from LOS. The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

Beginning in 1995, the source reports same-day stays as zero days. The supplied length of stay was used to assign LOS when length of stay could not be calculated from dates.

---- Colorado ----

The reported length of stay was not used when LOS could not be calculated because the Colorado Hospital Association:
-        coded same-day stays with the value 1 and
-        subtracted days of absence.
The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

---- Connecticut ----

Length of stay could not be calculated from dates since Connecticut did not report full admission and discharge dates. During HCUP-3 processing, the reported length of stay and a flag which indicates same-day stays were used to assign LOS. The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

---- Florida ----

The reported length of stay was not used when LOS could not be calculated because Florida:
-        coded same-day stays with the value 1 and
-        subtracted days of absence.
The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

LOS   I:Length of stay (cleaned)

---- Illinois ----

The reported length of stay was not used when LOS could not be calculated because Illinois coded same-day stays with a value of 1. The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

---- Iowa ----

The reported length of stay was not used when LOS could not be calculated because Iowa coded same-day stays with a value of 1. The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

---- Kansas ----

The reported length of stay was not used when LOS could not be calculated because Kansas coded same-day stays with a value of 1.
The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

---- Massachusetts ----

The supplied length of stay was not used when LOS could not be calculated because Massachusetts:
-       coded same-day stays with the value 1 and
-       subtracted days of absence.
The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

---- Missouri ----

The reported length of stay was not used when LOS could not be calculated because Missouri coded same-day stays with a value of 1. The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

LOS   I:Length of stay (cleaned)

---- New York ----

LOS could not be calculated because New York did not report full admission and discharge dates. During HCUP-3 processing, only the reported length of stay could be used to assign LOS.

Beginning in 1993, New York calculated the reported length of stay as the difference between the discharge and admission dates, minus leave of absence days. Both the New York reported length of stay and the leave of absence days were supplied to HCUP-3. To be consistent with the coding used by HCUP-3, the leave of absence days were added back into the reported length of stay before LOS was assigned.

---- Oregon ----

In 1993, the reported length of stay was assigned to LOS if dates
were not available. However, the coding of same day stays varies: some Oregon hospitals report discharges on the day of
admission as one day stays (LOS=1), in addition to reporting same
day stays as zero days (LOS=0).

Beginning in 1994, the reported length of stay was not used when LOS could not be calculated from dates because Oregon coded all same-day stays as one day (LOS=1). The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

---- Pennsylvania ----

The reported length of stay was not used when LOS could not be calculated because Pennsylvania coded same-day stays with a value of 1 and subtracted days of absence from LOS. The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

---- South Carolina ----

The reported length of stay was not used when LOS could not be calculated because South Carolina coded same-day stays with a value of 1. The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

LOS   I:Length of stay (cleaned)

---- Tennessee ----

The reported length of stay was not used when LOS could not be calculated because Tennessee coded same-day stays with a value of 1 and subtracted days of absence from LOS. The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

---- Washington ----

The reported length of stay was not used when LOS could not be calculated because Washington:
-        coded same-day stays with the value 1 and
-        subtracted days of absence.
The appropriate edit check for consistency of reported and calculated length of stay could not be performed.

---- Wisconsin ----

For 1988-1994, the reported length of stay was not used when LOS could not be calculated because Wisconsin:
-        subtracted leave days and
−   coded length of stay greater than 999 days as 999 days.

Beginning with 1995, length of stay was not supplied. LOS was calculated.

In all years, the appropriate edit check for consistency of reported and calculated length of stay could not be performed.

HCUP-3 CODE BOOK
NIS 1990-1996 INPATIENT DATA

LOS_X   I:Length of stay (uncleaned)

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
.	Missing*	3	1	1	0	3	1	3
.A	Invalid (non-numeric)*	0	0	0	2	1	2	0
.B	Unavailable from source*	0	0	0	0	0	0	0
Days	Nonmissing length of stay	6,268,512	6,156,187	6,195,743	6,538,974	6,385,007	6,714,932	6,542,066

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
.	Missing*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.A	Invalid (non-numeric)*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.B	Unavailable from source*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Days	Nonmissing length of stay	100.00	100.00	100.00	100.00	100.00	100.00	100.00

LOS_X   I:Length of stay (uncleaned)

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*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

Length of stay (LOS_X) is calculated by subtracting the admission date (ADATE) from the discharge date (DDATE). Same-day stays are therefore coded as 0. Leave days are not subtracted. Before edit checks are performed, LOS and LOS_X have the same value. If LOS is set to inconsistent (.C), the value of LOS_X is retained. LOS_X may contain negative or unjustified large values.

LOS_X is not equal to the calculated value in the following cases:

-          LOS_X is set to the supplied length of stay if the length of stay cannot be calculated (ADATE and/or DDATE is missing or invalid). Note: If the supplied length of stay codes same-day stays as 1 or subtracts leave days, then the supplied length of stay is NOT used.

-          LOS_X is missing (.) if the length of stay cannot be calculated and the supplied length of stay is missing.

-          LOS_X is invalid (.A) if
    -          it is out-of-range during HCUP-3 processing (LOS_X < -32,767 or LOS > 32,767) or
    -          the length of stay cannot be calculated and the supplied length of stay is non-numeric.

-          LOS_X is unavailable from data source (.B) if the data source does not supply either
        - admission date (ADATE) and discharge date (DDATE), or
        - length of stay.

An invalid calculated LOS_X is not replaced by the supplied length of stay.

LOS_X   I:Length of stay (uncleaned)

Additional Notes Specific To NIS:

---- Arizona ----

For 1989-1994, the reported length of stay was not used when LOS_X could not be calculated because Arizona coded same-day stays with a value of 1 and subtracted days of absence from LOS_X.

Beginning in 1995, the source reports same-day stays as zero days. The supplied length of stay was used to assign LOS_X when the length of stay could not be calculated from dates.

---- Colorado ----

The reported length of stay was not used when length of stay could not be calculated because Colorado Hospital Association:
-       coded same-day stays with the value 1 and
-       subtracted days of absence.

---- Connecticut ----

Length of stay could not be calculated from dates since Connecticut did not report full admission and discharge dates. During HCUP-3 processing, the reported length of stay and a flag which indicates same-day stays were used to assign LOS_X.

---- Florida ----

The supplied length of stay was not used when length of stay could not be calculated because Florida:
-       coded same-day stays with the value 1 and
-       subtracted days of absence.

LOS_X   **I:Length of stay (uncleaned)**

---- Illinois ----

The supplied length of stay was not used when length of stay could not be calculated because Illinois coded same-day stays with a value of 1.

---- Iowa ----

The reported length of stay was not used when length of stay could not be calculated because Iowa coded same-day stays with a value of 1.

---- Kansas ----

The reported length of stay was not used when length of stay could not be calculated because Kansas coded same-day stays with a value of 1.

---- Massachusetts ----

The reported length of stay was not used when length of stay could not be calculated because Massachusetts:
-        coded same-day stays with the value 1 and
-        subtracted days of absence.

---- Missouri ----

The reported length of stay was not used when LOS_X could not be calculated because Missouri coded same-day stays with a value of 1.

---- New York ----

LOS_X could not be calculated because New York did not report full admission and discharge dates. During HCUP-3 processing, only the reported length of stay could be used to assign LOS_X.

LOS_X   I:Length of stay (uncleaned)

Beginning in 1993, New York calculated the reported length of stay as the difference between the discharge and admission dates, minus leave of absence days. Both the New York reported length of stay and the leave of absence days were supplied to HCUP-3. To be consistent with the coding used by HCUP-3, the leave of absence days were added back into the reported length of stay before LOS_X was assigned.

---- Oregon ----

For 1993, the reported length of stay was assigned to LOS_X if dates were not available. However, the coding of same day stays varies: some Oregon hospitals report discharges on the day of admission as one day stays (LOS_X=1), in addition to reporting same day stays as zero days (LOS_X=0).

Beginning in 1994, the reported length of stay was not used when length of stay could not be calculated from dates because Oregon coded all same-day stays as one day (LOS_X=1).

---- Pennsylvania ----

The reported length of stay was not used when length of stay could not be calculated because Pennsylvania coded same-day stays with the value 1.

---- South Carolina ----

The reported length of stay was not used when LOS_X could not be calculated because South Carolina coded same-day stays with a value of 1.

---- Tennessee ----

The reported length of stay was not used when LOS_X could not be calculated because Tennessee coded same-day stays with a value of 1 and subtracted days of absence from LOS_X.

LOS_X   I:Length of stay (uncleaned)

---- Washington ----

The reported length of stay was not used when length of stay could not be calculated because Washington:
-          coded same-day stays with the value 1 and
-          subtracted days of absence.

---- Wisconsin ----

For 1988-1994, the reported length of stay was not used when length of stay could not be calculated because Wisconsin:
–   subtracted leave days and
-          coded length of stay greater than 999 days as 999 days.

Beginning with 1995, length of stay was not supplied. LOS_X was calculated.

MDC   I:MDC in effect on discharge date

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
MDC	Nonmissing MDC	6,268,515	6,156,188	6,195,744	6,538,976	6,385,011	6,714,935	6,542,069

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
MDC	Nonmissing MDC	100.00	100.00	100.00	100.00	100.00	100.00	100.00

MDC   I:MDC in effect on discharge date

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

This is the Major Diagnostic Category (MDC) appropriate for the date of discharge.

MDC is assigned by the HCFA DRG grouper during HCUP-3 processing. Refer to the variable notes for DRG for complete details.

Labels for the MDCs are provided as an ASCII file in NIS tools.

Additional Notes Specific To NIS:

---- California ----

One discharge in 1991 with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) had the incorrect DRG and MDC assigned because of a error in HCUP-3 processing. The DRG should have been 470; and the MDC should have been equal to 0.

No other years are affected.

---- Massachusetts ----

Some 1989-1990 discharges with a missing principal diagnosis code (DX1=" ") and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP-3 processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:
- 1 record in 1989 and
- 1 record in 1990.

No other years are affected.

MDC   I:MDC in effect on discharge date

Some 1988-1991 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP-3 processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:
-        for 1988, 34 records;
-        for 1989, 30 record;
-        for 1990, 44 records; and
-        for 1991, 33 records.
Beginning with 1992 discharges, DRG and MDC were processed correctly.

---- Washington ----

Some 1988-1992 discharges with an invalid principal diagnosis code (DXV1 = 1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP-3 processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:
- for 1988, 184 records;
- for 1989, 68 records;
- for 1990, 13 records;
- for 1991,   1 record; and
- for 1992,   1 record.
Beginning with 1993 discharges, DRG and MDC were processed correctly.

---- Wisconsin ----

Some 1989-1992 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP-3 processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:
- for 1989, 23 records;
- for 1990, 4 records;
- for 1991, 1 record; and
- for 1992, 10 records.
Beginning with 1993 discharges, DRG and MDC were processed correctly.

MDC10   I:MDC, Version 10

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
MDC, V10	Nonmissing MDC, version 10	6,268,515	6,156,188	6,195,744	6,538,976	6,385,011	6,714,935	6,542,069

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
MDC, V10	Nonmissing MDC, version 10	100.00	100.00	100.00	100.00	100.00	100.00	100.00

MDC10   I:MDC, Version 10

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

This is the Version 10 Major Diagnostic Category.

MDC10 is assigned by the HCFA DRG grouper during HCUP-3 processing. Refer to the variable notes for DRG10 for complete details.

Labels for the DRGs are provided as an ASCII file in NIS tools.

Additional Notes Specific To NIS:

---- California ----

One discharge in 1991 with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) had the incorrect DRG10 and MDC10 assigned because of a error in HCUP-3 processing. The DRG10 should have been 470; and the MDC10 should have been equal to 0.

No other years are affected.

---- Massachusetts ----

Some 1989-1990 discharges with a missing principal diagnosis code (DX1=" ") and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG10 and MDC10 assigned because of an error in HCUP-3 processing. The DRG10 should be 470; and the MDC10 should be equal to 0. The following number of records are affected:
- 1 record in 1989 and
- 1 record in 1990.
No other years are affected.

MDC10   I:MDC, Version 10

Some 1988-1991 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG10 and MDC10 assigned because of an error in HCUP-3 processing. The DRG10 should be 470; and the MDC10 should be equal to 0. The following number of records are affected:
- for 1988, 34 records;
- for 1989, 30 record;
- for 1990, 44 records; and
- for 1991, 33 records.

Beginning with 1992 discharges, DRG10 and MDC10 were processed correctly.

---- Washington ----

Some 1988-1992 discharges with an invalid principal diagnosis code (DXV1 = 1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG and MDC assigned because of an error in HCUP-3 processing. The DRG should be 470; and the MDC should be equal to 0. The following number of records are affected:
- for 1988, 184 records;
- for 1989, 68 records;
- for 1990, 13 records;
- for 1991,   1 record; and
- for 1992,   1 record.

Beginning with 1993 discharges, DRG10 and MDC10 were processed correctly.

---- Wisconsin ----

Some 1989-1992 discharges with an invalid principal diagnosis code (DXV1=1) and at least one non-missing secondary diagnosis code (DX2, etc.) have the incorrect DRG10 and MDC10 assigned because of an error in HCUP-3 processing. The DRG10 should be 470; and the MDC10 should be equal to 0. The following number of records are affected:

MDC10   I:MDC, Version 10

- for 1989, 23 records;
- for 1990, 4 records;
- for 1991, 1 record; and
- for 1992, 10 records.

Beginning with 1993 discharges, DRG10 and MDC10 were processed correctly.

MDID_S   I:Attending physician number (synthetic)

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	4,074,405	4,016,054	2,430,512	2,016,646	2,081,634	2,475,937	2,278,170
Char 16	Nonmissing synthetic physician ID	2,194,110	2,140,134	3,765,232	4,522,330	4,303,377	4,238,998	4,263,899

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	65.00	65.24	39.23	30.84	32.60	36.87	34.82
Char 16	Nonmissing synthetic physician ID	35.00	34.76	60.77	69.16	67.40	63.13	65.18

MDID_S   I:Attending physician number (synthetic)

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

MDID_S contains a fixed-key (one-to-one) encryption of the supplied attending physician number (MDID), according to the following rules:

-          All alphanumeric digits are used in the encryption.
-          All symbols such as ".,:;'*@" are retained in the encrypted value, but not in the same location.
-          Unprintable characters in the original value are also retained.
-          Leading zeros are encrypted so that the two original physician identifiers "000A0" and "A0" are distinctly different.
-          When the original attending physician and primary surgeon identifiers are the same, the synthetic identifiers, MDID_S and SURGID_S, are the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier MDID_S refers to individual physicians or to groups. If the attending physician numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether MDID_S refers to individual physicians or to groups.

Additional Notes Specific To NIS:

---- All States ----

Beginning with NIS, Release 2 (1993), supplied physician identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP-3 inpatient data, the encrypted physician identifiers from 1993 on may not match those in earlier years. However, no null characters were found in the 1994 identifiers, and they were rare in prior years.

---- Arizona ----

The attending physician identification number (MDID_S) may not accurately track physicians across hospitals for the following reasons:

MDID_S   I:Attending physician number (synthetic)

-          Some hospitals assign their own internal attending physician identification numbers rather than using the license numbers issued by the licensing agency of the physician or other health care practitioner. Information was not available about the prevalence of this practice.

-          Some hospitals use one attending physician identification number for several physicians that are part of the same physician practice group. Information was not available about the prevalence of this practice.

The attending physician identification number includes license numbers from the following board of examiners: Medical, Osteopathic, Podiatrists, and Nurses. In addition, Arizona accepts licensing numbers from other health practitioner licensing boards, but these boards are unspecified.

---- Colorado ----

The attending physician identification number (MDID_S) may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Information was not available from the data source about the prevalence of this practice.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available from the data source about the prevalence of this practice.

---- Connecticut ----

Connecticut reports professional state license numbers as physician identifiers. Source documentation indicates that if a physician does not have a number (i.e., they are from out of state or a resident at the hospital), then the hospital can assign a separate identifying number.

---- Florida ----

Florida reports state license numbers as physician identifiers. Source documentation includes an extensive description of the allowable values in the field.

MDID_S   I:Attending physician number (synthetic)

---- Illinois ----

For confidentiality purposes, MDID_S was set to missing for all Illinois discharges prior to 1995. Beginning in 1995, physician identifiers were not available from the source.

---- Iowa ----

Iowa reports Universal Physician Identification Numbers (UPIN) as attending physician identification numbers.

---- Maryland ----

Maryland reports a state license number assigned by the Medical Chirurgical Faculty of Maryland (MED CHI) as physician identifiers. Source documentation describes strict assignment and verification rules for this field.

---- Massachusetts ----

For confidentiality purposes, MDID_S was set to missing for all Massachusetts discharges beginning in 1994.

---- Missouri ----

The attending physician identification number (MDID_S) may not accurately track physicians across hospitals. Missouri accepts Universal Physician Identification Numbers (UPIN), state license numbers, and hospital-assigned physician identification numbers as attending physician numbers (MDID_S). According to the source, the majority of physician identifiers are UPINs.

MDID_S   I:Attending physician number (synthetic)

---- New Jersey ----

The coding of attending physician identification number (MDID_S) varies across years:

Year   Physician Identifier
1988-93   New Jersey state license numbers

1994-95   Universal Physician Identification Numbers (UPIN)

Beginning   New Jersey state license numbers.
in 1996

---- New York ----

New York reports state license numbers as physician identifiers. Source documentation indicates that if the attending physician did not possess a valid New York state license number, the license number of the Chief of Service should have been reported.

New York does not limit this field to physicians; dentists, podiatrists, psychologists, nurse/midwifes, and other licensed health care professional may be included. It is impossible to identify the different types of providers in the HCUP-3 data.

---- Pennsylvania ----

Pennsylvania reports a PA state license number for attending physicians (MDID_S) and primary surgeons (SURGID_S).

---- South Carolina ----

South Carolina reports six-character state license numbers as physician identifiers. When the source values were shorter than six characters, the HCUP-3 value was padded with blanks to bring it into conformity with South Carolina's format.

MDID_S   I:Attending physician number (synthetic)

---- Tennessee ----

The attending physician identification number (MDID_S) may not accurately track physicians across hospitals. Tennessee collects two different types of physician identifiers, depending on the type of identifier provided by the hospitals. Tennessee prefers Universal Physician Identification Numbers (UPINs) but also accepts state license numbers.

---- Washington ----

The Washington physician identifiers may not accurately track physicians across hospitals. Washington collects several different types of physician identifiers, depending on the type of identifier provided by the hospitals. Hospitals provide Medicaid, Universal Physician Identification Numbers (UPIN), and DOH/HPQAD license numbers as physician identifiers.

---- Wisconsin ----

The Wisconsin physician identifiers may not accurately track physicians across hospitals. Wisconsin collects two different types of physician identifiers, depending on the type of identifier provided by the hospitals. Most hospitals provide Wisconsin Medical License Numbers, but Universal Physician Identification Numbers (UPINs) are provided by some hospitals.

Only doctors of medicine and osteopathy are coded in this field. If the primary responsibility for the patient is in the hands of a non-physician care giver, this field is missing. Examples of non-physician care givers include dentists, podiatrists, and nurse midwives.

Beginning in 1995, physician identifiers were not reported in the source data. MDID_S and SURGID_S are blank for all records.

NDX   I:Number of diagnoses on this discharge

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0		1,424	15,062	1,505	351	848	2,951	917
1		1,298,854	1,140,985	1,088,929	1,046,241	926,656	923,044	825,550
2		1,321,320	1,224,845	1,185,159	1,199,992	1,130,925	1,143,810	1,068,239
3		988,358	959,016	947,525	995,046	951,416	983,778	931,884
4		771,515	771,702	782,239	827,769	801,235	832,964	806,775
5		1,516,356	1,636,929	1,301,866	1,201,632	916,129	736,343	724,948
6		148,272	156,001	280,572	364,802	436,362	547,877	542,902
7		72,276	78,288	177,379	253,873	335,168	416,612	433,058
8		51,599	57,938	131,246	190,714	261,766	332,922	348,083
9		59,917	73,102	147,868	210,778	298,292	429,957	461,613
10		15,917	16,951	118,223	190,499	222,530	232,182	249,620
11		7,147	8,054	10,074	19,493	30,884	39,466	43,465
12		4,807	5,680	7,633	11,681	23,409	30,084	31,833
13		3,383	3,972	5,147	7,646	15,272	17,149	19,890
14		2,370	2,751	3,860	5,699	10,441	13,201	15,587

NDX   I:Number of diagnoses on this discharge

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
15		2,543	2,787	3,067	9,279	15,076	20,608	24,253
16		753	712	1,005	956	4,434	5,907	6,392
17		434	372	611	620	1,293	1,720	1,892
18		306	299	471	443	679	1,107	1,359
19		233	193	332	332	528	789	925
20		232	165	289	271	365	686	721
21		144	108	185	195	322	404	511
22		105	76	132	117	243	319	397
23		48	50	89	108	171	232	323
24		48	36	87	82	147	262	297
25		140	74	176	208	299	339	343
26		9	27	41	84	74	90	75
27		4	9	23	44	34	81	136
28		1	3	9	15	10	23	34
29		0	0	2	5	2	9	18

NDX   I:Number of diagnoses on this discharge

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
30		0	1	0	1	1	19	29

NDX   I:Number of diagnoses on this discharge

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0		0.02	0.24	0.02	0.01	0.01	0.04	0.01
1		20.72	18.53	17.58	16.00	14.51	13.75	12.62
2		21.08	19.90	19.13	18.35	17.71	17.03	16.33
3		15.77	15.58	15.29	15.22	14.90	14.65	14.24
4		12.31	12.54	12.63	12.66	12.55	12.40	12.33
5		24.19	26.59	21.01	18.38	14.35	10.97	11.08
6		2.37	2.53	4.53	5.58	6.83	8.16	8.30
7		1.15	1.27	2.86	3.88	5.25	6.20	6.62
8		0.82	0.94	2.12	2.92	4.10	4.96	5.32
9		0.96	1.19	2.39	3.22	4.67	6.40	7.06
10		0.25	0.28	1.91	2.91	3.49	3.46	3.82
11		0.11	0.13	0.16	0.30	0.48	0.59	0.66
12		0.08	0.09	0.12	0.18	0.37	0.45	0.49
13		0.05	0.06	0.08	0.12	0.24	0.26	0.30
14		0.04	0.04	0.06	0.09	0.16	0.20	0.24

NDX   I:Number of diagnoses on this discharge

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
15		0.04	0.05	0.05	0.14	0.24	0.31	0.37
16		0.01	0.01	0.02	0.01	0.07	0.09	0.10
17		0.01	0.01	0.01	0.01	0.02	0.03	0.03
18		0.00	0.00	0.01	0.01	0.01	0.02	0.02
19		0.00	0.00	0.01	0.01	0.01	0.01	0.01
20		0.00	0.00	0.00	0.00	0.01	0.01	0.01
21		0.00	0.00	0.00	0.00	0.01	0.01	0.01
22		0.00	0.00	0.00	0.00	0.00	0.00	0.01
23		0.00	0.00	0.00	0.00	0.00	0.00	0.00
24		0.00	0.00	0.00	0.00	0.00	0.00	0.00
25		0.00	0.00	0.00	0.00	0.00	0.01	0.01
26		0.00	0.00	0.00	0.00	0.00	0.00	0.00
27		0.00	0.00	0.00	0.00	0.00	0.00	0.00
28		0.00	0.00	0.00	0.00	0.00	0.00	0.00
29		0.00	0.00	0.00	0.00	0.00	0.00	0.00

NDX   I:Number of diagnoses on this discharge

		Percents						
Value	Value Label	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
30		0.00	0.00	0.00	0.00	0.00	0.00	0.00

<u>**NDX   I:Number of diagnoses on this discharge**</u>

<u>*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.</u>

General HCUP-3 Coding Notes:

NDX indicates the total number of diagnoses (valid and invalid) coded on the discharge record. In assigning NDX, the principal diagnosis is included in the count, even if it is blank, so long as there is a secondary diagnosis present (see table below).

<u>Value</u>   <u>Description</u>

0   No diagnoses coded.

1   Only the principal diagnosis (DX1) is coded. All other diagnoses are blank.

2   One secondary diagnosis (DX2) is coded. The principal diagnosis may be coded or blank.

3   The second and third diagnoses (DX2 and DX3) are coded. The principal diagnosis may be coded or blank.

etc.

Additional Notes Specific To NIS:

---- All States ----

A maximum of 15 diagnoses has been retained on a NIS inpatient record. States with fewer than 15 diagnoses have had the diagnosis vector padded with blank values. For example, if a state supplied 5 diagnoses, DX6 through DX15 are blank (" ") on all records from that state.

Several states supplied more than 15 diagnoses, including the principal diagnosis:

NDX   I:Number of diagnoses on this discharge

State	Number of Supplied Diagnoses
California	30
Connecticut	30
Kansas	30
Maryland	16
Missouri	30
New York	17 (Starting in 1994)

If an inpatient record from these states had more than 15 non-missing diagnoses, diagnoses in positions 16 through 30 were not included in the NIS file. If NDX is greater than 15, secondary diagnoses have been truncated from the record.

Since NDX can be greater than the number of diagnoses available on the inpatient record, caution needs to be taken when using NDX to loop through the diagnoses. A counter for the loop should not extend past 15. Code such as the following is needed to take this into account:

```
    DO I = 1 to MIN(15,NDX);

        Followed by code to process all diagnoses.

    END;
```

NEOMAT   I:Neonatal and/or maternal DX and/or PR

Value	Value Label	Frequency Counts						
		1990	1991	1992	1993	1994	1995	1996
0	No neonatal or maternal DX or PR	4,621,073	4,585,336	4,622,751	4,924,151	4,793,147	5,070,837	4,950,730
1	Maternal DX or PR	887,345	838,760	836,389	857,253	840,254	863,919	835,300
2	Neonatal DX	759,445	731,614	736,176	757,061	751,137	779,728	755,706
3	Neonatal & maternal, same record	652	478	428	511	473	451	333

Value	Value Label	Percents						
		1990	1991	1992	1993	1994	1995	1996
0	No neonatal or maternal DX or PR	73.72	74.48	74.61	75.30	75.07	75.52	75.68
1	Maternal DX or PR	14.16	13.62	13.50	13.11	13.16	12.87	12.77
2	Neonatal DX	12.12	11.88	11.88	11.58	11.76	11.61	11.55
3	Neonatal & maternal, same record	0.01	0.01	0.01	0.01	0.01	0.01	0.01

NEOMAT   I:Neonatal and/or maternal DX and/or PR

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*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

NEOMAT identifies discharges with neonatal and/or maternal diagnoses and procedures. See Technical Supplement on "Quality Control in HCUP-3 Data Processing" for diagnosis and procedure screens.

NPR   I:Number of procedures on this discharge

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0		2,300,011	2,272,184	2,317,145	2,359,019	2,341,258	2,543,414	2,513,800
1		1,784,693	1,703,508	1,712,746	1,761,138	1,712,362	1,784,954	1,727,094
2		971,983	953,533	940,177	1,008,014	988,437	1,012,363	984,043
3		959,145	973,251	824,317	806,624	683,979	632,617	607,044
4		112,507	113,619	181,954	263,942	284,587	317,442	297,458
5		65,851	64,547	94,172	144,044	147,745	169,355	166,779
6		25,164	25,193	46,129	104,450	113,679	144,390	143,417
7		15,418	15,332	25,233	30,377	37,925	36,396	35,141
8		16,670	15,555	21,500	21,896	27,598	26,118	24,193
9		4,787	5,445	9,381	11,833	14,481	15,182	13,640
10		5,101	5,927	14,171	17,260	18,723	17,550	15,735
11		1,837	2,085	2,276	2,544	3,949	4,179	3,577
12		1,416	1,608	1,743	1,890	3,192	3,454	2,978
13		1,032	1,147	1,228	1,425	1,805	1,841	1,870
14		843	955	969	1,340	1,442	1,497	1,485

NPR   I:Number of procedures on this discharge

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
15		864	1,161	1,234	2,021	2,575	2,590	2,244
16		460	435	418	323	350	387	404
17		179	200	235	189	230	256	262
18		130	134	142	146	158	189	188
19		112	107	128	95	120	146	131
20		71	61	98	123	147	136	131
21		241	201	348	277	259	446	410
22		0	0	0	2	1	11	8
23		0	0	0	0	2	8	6
24		0	0	0	0	2	3	7
25		0	0	0	4	5	11	22
28		0	0	0	0	0	0	1
29		0	0	0	0	0	0	1

NPR   I:Number of procedures on this discharge

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0		36.69	36.91	37.40	36.08	36.67	37.88	38.43
1		28.47	27.67	27.64	26.93	26.82	26.58	26.40
2		15.51	15.49	15.17	15.42	15.48	15.08	15.04
3		15.30	15.81	13.30	12.34	10.71	9.42	9.28
4		1.79	1.85	2.94	4.04	4.46	4.73	4.55
5		1.05	1.05	1.52	2.20	2.31	2.52	2.55
6		0.40	0.41	0.74	1.60	1.78	2.15	2.19
7		0.25	0.25	0.41	0.46	0.59	0.54	0.54
8		0.27	0.25	0.35	0.33	0.43	0.39	0.37
9		0.08	0.09	0.15	0.18	0.23	0.23	0.21
10		0.08	0.10	0.23	0.26	0.29	0.26	0.24
11		0.03	0.03	0.04	0.04	0.06	0.06	0.05
12		0.02	0.03	0.03	0.03	0.05	0.05	0.05
13		0.02	0.02	0.02	0.02	0.03	0.03	0.03
14		0.01	0.02	0.02	0.02	0.02	0.02	0.02

NPR   I:Number of procedures on this discharge

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
15		0.01	0.02	0.02	0.03	0.04	0.04	0.03
16		0.01	0.01	0.01	0.00	0.01	0.01	0.01
17		0.00	0.00	0.00	0.00	0.00	0.00	0.00
18		0.00	0.00	0.00	0.00	0.00	0.00	0.00
19		0.00	0.00	0.00	0.00	0.00	0.00	0.00
20		0.00	0.00	0.00	0.00	0.00	0.00	0.00
21		0.00	0.00	0.01	0.00	0.00	0.01	0.01
22		0.00	0.00	0.00	0.00	0.00	0.00	0.00
23		0.00	0.00	0.00	0.00	0.00	0.00	0.00
24		0.00	0.00	0.00	0.00	0.00	0.00	0.00
25		0.00	0.00	0.00	0.00	0.00	0.00	0.00
28		0.00	0.00	0.00	0.00	0.00	0.00	0.00
29		0.00	0.00	0.00	0.00	0.00	0.00	0.00

NPR   I:Number of procedures on this discharge

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

NPR indicates the total number of procedures (valid and invalid) coded on the discharge record. In assigning NPR, the principal procedure is included in the count, even if it is blank, so long as there is a secondary procedure present (see table below).

Value   Description

0   No procedures coded.

1   Only the principal procedure (PR1) is coded. All other procedures are blank.

2   One secondary procedure (PR2) is coded. The principal procedure may be coded or blank.

3   The second and third procedures (PR2 and PR3) are coded. The principal procedure may be coded or blank.

etc.

Additional Notes Specific To NIS:

---- All States ----

A maximum of 15 procedures have been retained on a NIS inpatient record. States with fewer than 15 procedures have had the procedure vector padded with blank values. For example, if a state supplied 5 procedures, PR6 through PR15 are blank (" ") on all records from that state.

Several states supplied more than 15 procedures, including the principal procedure:

NPR   I:Number of procedures on this discharge

State	Number of Supplied Procedures
California	21
Connecticut	30
Kansas	25
Missouri	25

If an inpatient record from these states had more than 15 non-missing procedures, any procedures in positions 16 through 25 were not included in the NIS file. If NPR is greater than 15, secondary procedures have been truncated from the record.

Since NPR can be greater than the number of procedures available on the inpatient record, caution needs to be taken when using NPR to loop through the procedures. A counter for the loop should not extend past 15. Code such as the following is needed to take this into account:

```
DO I = 1 to MIN(15,NPR);

        Followed by code to process all procedures.

END;
```

---- Pennsylvania ----

Beginning in 1995, some discharges have NPR greater than 0, and yet all procedure codes are missing. This is due to constraints of the HCUP-3 processor in handling CPT and HCPCS codes.

Pennsylvania reports ICD-9-CM procedure codes on most of their discharges, but some use CPT and HCPCS procedure codes. CPT and HCPCS procedure codes could not be retained in the HCUP-3 data because they are 5 characters and the HCUP-3 procedure fields are 4 characters in length.

Discharges with CPT and HCPCS procedure codes were processed by HCUP-3 as follows:

NPR   I:Number of procedures on this discharge

-        PRSYS identifies the procedure coding system as CPT or HCPCS.
-        NPR is the number of non-missing CPT or HCPCS procedure codes supplied by Pennsylvania.
-        The HCUP-3 procedure codes are set to missing (PRn = blank).

In all years, ICD-9-CM procedure codes are retained as supplied by the data source.

The number of discharges for which the procedure coding system indicates that the procedures are CPT or HCPCS (PRSYS = 2 or 3) follows.

- NIS, Release 4 (1995 data) has no records.
- NIS, Release 5 (1996 data) has 1,711 records.

Prior to 1995, CPT and HCPCS procedure codes were not included in the Pennsylvania data.

PAY1   I:Primary expected payer, uniform

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
1	Medicare	1,991,843	2,029,011	2,131,286	2,241,472	2,221,834	2,388,082	2,362,646
2	Medicaid	951,596	927,714	1,044,173	1,193,183	1,181,662	1,232,912	1,150,217
3	Private insurance including HMO	2,576,319	2,555,468	2,416,349	2,444,818	2,348,611	2,473,991	2,456,231
4	Self-pay	239,692	205,040	341,678	368,190	331,170	342,388	318,252
5	No charge	8,293	7,428	5,807	7,805	4,353	10,846	10,615
6	Other	471,765	419,988	232,962	231,791	255,333	231,975	219,078
.	Missing*	24,496	7,144	23,207	51,711	40,869	25,432	23,098
.A	Invalid*	4,511	4,395	282	6	1,179	9,309	1,932
.B	Unavailable from source*	0	0	0	0	0	0	0

PAY1   I:Primary expected payer, uniform

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
1	Medicare	31.78	32.96	34.40	34.28	34.80	35.56	36.11
2	Medicaid	15.18	15.07	16.85	18.25	18.51	18.36	17.58
3	Private insurance including HMO	41.10	41.51	39.00	37.39	36.78	36.84	37.55
4	Self-pay	3.82	3.33	5.51	5.63	5.19	5.10	4.86
5	No charge	0.13	0.12	0.09	0.12	0.07	0.16	0.16
6	Other	7.53	6.82	3.76	3.54	4.00	3.45	3.35
.	Missing*	0.39	0.12	0.37	0.79	0.64	0.38	0.35
.A	Invalid*	0.07	0.07	0.00	0.00	0.02	0.14	0.03
.B	Unavailable from source*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PAY1   I:Primary expected payer, uniform

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

In general, PAY1 is recoded from PAY1_N (non-uniform expected primary payer) according to the following rules:

PAY1 Description	(value)	PAY1_N Description	(value)
Medicare	(1)	Medicare	(1)
Medicaid	(2)	Medicaid	(2)
Private insurance, including HMO	(3)	Blue Cross, PPO	(3)
		Commercial, PPO	(4)
		HMO, PHP	(5)
Self-pay	(4)	Self-pay	(6)
No charge	(5)	No charge	(7)
Other	(6)	Title V	(8)
		Worker's Compensation	(9)
		CHAMPUS/CHAMPVA	(10)
		Other Government	(11)
		Other	(12)
Missing	(.)	Missing	(.)
Invalid	(.A)	Invalid	(.A)
Unavailable from source	(.B)	Unavailable from source	(.B)

PAY1   I:Primary expected payer, uniform

Additional Notes Specific To NIS:

---- Arizona ----

Arizona's coding of expected primary payer changes across years. The following table describes what payer types were reported by Arizona and how they were mapped into the HCUP-3 payer categories.

HCUP-3 Payer Category (PAY1)	1989-1994 Arizona Payers	Starting in 1995 Arizona Payers
Medicare (1)	"Medicare"	"Medicare" and "Medicare Risk"
Medicaid (2)	"AHCCCS/Medicaid"	"AHCCCS/Medicaid" and "AHCCCS Health Care Group"
Private Insurance, PPO (3)	"Commercial" and "HMO/PHP/Blue Cross"	"Commercial (Indemnity)," "PPO," and "HMO/Prepaid Health Plans/Blue Cross"
Self-pay (4)	N/A	"Self-Pay"
No Charge (5)	N/A	"No Charge"
Other (6)	"Other (Self, unknown, charity, etc.)"	"Worker's Compensation," "CHAMPUS/MEDEXCEL" "Children's Rehabilitation Services," "Indian Health Services," "Foreign National," and "Other"

The state data report completed by Arizona for their 1989-1994 data indicated that hospitals do not code payer sources consistently statewide. For example,

PAY1   I:Primary expected payer, uniform

\-   Some hospitals code Medicare Risk patients under the Arizona category "HMO/PPO/Blue Cross," and other hospitals code them under "Medicare."

\-   Some hospitals list all Indemnity cases under the Arizona category "Commercial," while others use "HMO/PPO/Blue Cross."

Information was not available about the prevalence of this practice or the occurrence after 1994.

---- California ----

The source reports "Medicare HMO payers" as "Medicare." These payers are included in the HCUP-3 uniform category "Medicare" (PAY1 = 1).

The source reports "Medi-Cal HMO payers" as "Medi-Cal." These payers are included in the HCUP-3 uniform category "Medicaid" (PAY1 = 2).

---- Colorado ----

Colorado Hospital Association redefined payer codes and categories in 1993. Several of the HCUP-3 payer recodes are affected:

```
-----------------------------------------------------------------
                        HMO/PPO
-----------------------------------------------------------------
```

1988-1992	The source reports only one distinct HMO/PPO payer category (PAY1 = 3). The source documentation does not indicate whether HMO services paid for by Medicare, Medicaid, and other payers ("other liability," no fault auto insurance, and home casualty insurance) are included in the source data as HMO/PPO.
Beginning 1993	The source reports separate categories for commercial HMO/PPO (PAY1 = 3), Medicare HMO (PAY1 = 1), Medicaid HMO (PAY1 = 2), and HMO/PPO service provided by other payers "Other Liability, No Fault Auto, and Home Casualty Insurance" (PAY1 = 3).

PAY1   I:Primary expected payer, uniform

```
-----------------------------------------------------------------
                        CHAMPUS/CHAMPVA
-----------------------------------------------------------------
```

1988-1992   The source does not separately classify CHAMPUS/CHAMPVA. The documentation supplied by the data source does not indicate how these payers are coded.

Beginning 1993   The data source reports CHAMPUS/CHAMPVA as a distinct category (PAY1 = 6).

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-----------------------------------------------------------------
          Colorado Medically Indigent Program
-----------------------------------------------------------------
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1988-1992   The source does not separately classify Colorado Medically Indigent Program. The documentation supplied by the data source does not indicate how these payers are reported.

Beginning 1993   The data source reports Colorado Medically Indigent Program as a distinct category, which is recoded to the HCUP-3 category "Other" (PAY1 = 6).

---- Florida ----

In addition to the usual categories coded under Medicare (PAY1 = 1), a pay source of "Medicare HMO" is included.

In addition to the usual categories coded under Medicaid (PAY1 = 2), a pay source of "Medicaid HMO" is included.

Starting in 1992, the category of self-pay (PAY1 = 4) includes self-pay, charity, and underinsured. Prior to 1992, these payers were categorized under Other (PAY1 = 6), because Florida did not separately identify them.

---- Illinois ----

The source coding of expected payer changes across years.

PAY1   I:Primary expected payer, uniform

In 1988-1992, Illinois used individual payer codes. For example, charity admissions are identified by a unique value.

In 1993, Illinois redefined their payer codes into categories. Using the previous example, charity admissions are included under Illinois' payer category of Other and can not be separately identified.

Beginning in 1995, Illinois added a payer identification number that is used with the payer categories to once again distinguish charity and some other types of payers.

                    Charity

1988-1992	The source reports this category separately, and it is recoded to the HCUP-3 uniform category "No Charge" (PAY1 = 5).
1993-1994	The source includes Charity in the payer type "Other," therefore it is included in the HCUP-3 uniform category "Other" (PAY1 = 6).
Beginning 1995	The source reports Charity as a separate category. It is recoded to the HCUP-3 uniform category "No Charge" (PAY1 = 5).

                    Hill Burton Free Care

1988-1992	The source reports this category separately, and it is recoded to the HCUP-3 uniform category "No Charge" (PAY1 = 5).
1993-1994	The source includes Hill Burton Free Care in the payer type "Other," therefore it is included in the HCUP-3 uniform category "Other" (PAY1 = 6).
Beginning 1995	The source reports Hill Burton Free Care as a separate category, and it is recoded to the HCUP-3 uniform category "No Charge" (PAY1 = 5).

PAY1   I:Primary expected payer, uniform

```
------------------------------------------------------------------
                        Worker's Compensation
------------------------------------------------------------------
```

1988-1992   During HCUP-3 processing, Worker's Compensation codes had to be matched using two separate files provided by the data source, however only 81% of Worker's Compensation payers could be matched to codes. As a result, some Worker's Compensation payers may have been assigned to the HCUP-3 payer "Private insurance, including HMO" (PAY1 = 3), instead of "Other" (PAY1 = 6).

Beginning 1993   The source includes Worker's Compensation in the payer type "Other," therefore it is included in the HCUP-3 uniform category "Other" (PAY1 = 6).

---- Iowa ----

Iowa does not separately classify No Charge (PAY1 = 5). No documentation was available about which payer type(s) were used for No charge.

Some hospitals assign the same payer source to all discharges. Examination of the data indicates that these sources are either Medicare (PAY1 = 1), Private Insurance (PAY1 = 3), or both (PAY1=1 and PAY1=3). Before using PAY1 for analyses, consult hospital-specific summary statistics.

---- Kansas ----

Kansas does not separately classify "No Charge" (PAY1 = 5). The source documentation available for Kansas data does not indicate which code(s) were used for No Charge.

Kansas includes the payer "Indigent" in the category "Other" (PAY1 = 6).

---- Maryland ----

The HCUP-3 category "Medicare" (PAY1 = 1) includes the source code "Medicare HMO."

PAY1   I:Primary expected payer, uniform

The HCUP-3 category "Medicaid" (PAY1 = 2) includes the source codes "Medicaid State Only (MSO)" and "Medicaid HMO."

In addition to the usual categories coded under the HCUP-3 category "Other" (PAY1 = 6), a pay source of "Donor" is included.

---- Massachusetts ----

Beginning in 1993, quarter 4, Massachusetts reports separate managed care categories:

Source Payer	HCUP-3 Payer	PAY1
Medicare Managed Care	Medicare	1
Medicaid Managed Care	Medicaid	2
Blue Cross Managed Care	Private Insurance Including HMO	3
Commercial Managed Care	Private Insurance Including HMO	3
Other Non-Managed Care	Other	6

Beginning in 1996, "PPO and Other Managed Care not listed elsewhere" was recoded into the uniform category "Private Insurance including HMO" (PAY1 = 3). From 1993 to 1995, "PPO and Other Managed Care not listed elsewhere" was recoded into the uniform category "Other" (PAY1 = 6).

---- New Jersey ----

Unusual pay sources were recoded as follows:

PAY1   I:Primary expected payer, uniform

Pay source   Recoded to HCUP-3 uniform value

"No Fault"   Private Insurance, PPO (PAY1 = 3)

"Personnel Health Plan"   Other (PAY1 = 6)

"Indigent"   1988-1992: Other (PAY1 = 6)
                             From 1993: Self-Pay (PAY1 = 4)

The source pay category "Indigent" was incorrectly mapped to "Other" (PAY1 = 6) during HCUP-3 processing of 1988-1992 data.

---- New York ----

The source categories "No Fault," "Self Insured," and "Self Administered Plan" are included in the HCUP-3 category "Private Insurance" (PAY1 = 3).

Beginning in 1996, New York separately reported pay categories for "Corrections - Federal", "Corrections - State", and "Corrections - Local." All of these source values were recoded to the HCUP-3 uniform category "Other" (PAY1 = 6).

---- Oregon ----

For 1993-1994, Oregon did not separately classify "No Charge" (PAY1 = 5). The source documentation supplied by Oregon did not indicate which source categories were used for "No Charge."

Beginning in 1995, the source reported a category "Medically Indigent/Free/Research." This is recoded to the HCUP-3 uniform category "No Charge" (PAY1 = 5).

---- Pennsylvania ----

In all years

PAY1   I:Primary expected payer, uniform

Pennsylvania does not separately classify No Charge (PAY1 = 5). The source documentation available for Pennsylvania data does not indicate which code(s) were used for No Charge.

The source code for "Other Government CAT Fund" is included in the HCUP-3 category "Other" (PAY1 = 6).

Beginning in 1994

Pennsylvania redefined payer codes and categories in 1994.
Several of the HCUP-3 payer recodes are affected.

                              HMO/PPO

1989-1993   The source reports only one distinct HMO/PPO payer category (PAY1 = 3). The source documentation does not indicate whether HMO services paid for by Medicare, Medicaid, and other payers ("commercial," "employers," "associations," and "auto insurance") are included in the source data as HMO/PPO.

Starting   The source reports separate categories for
in 1994   -   Medicare HMO/PPO (PAY1 = 1),
                  -       Medicaid HMO/PPO (PAY1 = 2), and
                  -       HMO/PPO service provided by payers such as "Blue Cross HMO/PPO," "Patient Direct Bill HMO/PPO," "Commercial HMO/PPO," and "Employer Direct Bill HMO/PPO" (PAY1 = 3).

                              Commercial

1989-1993   The source reports distinct categories for
                  -       "Employers" (which includes self-insured employers, union and labor) and
                  -       "Associations" (which includes payers such as chambers of commerce and associations of retirees).
                 These are recoded to the HCUP-3 category Private Insurance including HMO (PAY1 = 3).

PAY1   I:Primary expected payer, uniform

Starting   The source reports distinct categories for
in 1994   -   "Commercial,"
                         -          "Commercial Union Health and Welfare Fund,"
                         -          "Commercial Auto,"
                         -          "Commercial Association,"
                         -          "Employer Direct Bill,"
                         -          "Employer Direct Bill Union Health and Welfare Fund," and
                         -          "Employer Direct Bill Association."
                       These are recoded to the HCUP-3 category Private Insurance including HMO (PAY1 = 3).

                       Health and Welfare

1989-1993   The source reports a single category for "Health and Welfare Fund" which is recoded to the HCUP-3 category Other (PAY1 = 6).

Starting   The source separates "Health and Welfare Fund"
in 1994   into several categories:
                         -          "Blue Cross Health and Welfare Fund,"
                         -          "Commercial Union Health and Welfare Fund," and
                         -          "Employer Direct Bill Health and Welfare Fund."
                       These are recoded to the HCUP-3 category Private Insurance including HMO (PAY1 = 3).

---- South Carolina ----

South Carolina does not separately classify "No Charge" (PAY1 = 5). South Carolina reports a government program for indigent patients that is recoded to the HCUP-3 category Other (PAY1 = 6).

In 1995, the source added a category for HMO patients. These discharges were recoded in the HCUP-3 category "Blue Cross/Commercial/HMO" (PAY1 = 3).

PAY1   I:Primary expected payer, uniform

---- Tennessee ----

Tennessee reports HMO and managed care separately for commercial, Medicare, and Medicaid payers:
-        The uniform category "Medicare" (PAY1 = 1) includes the source payer "Medicare Managed Care."
-        The uniform category "Medicaid" (PAY1 = 2) includes the source payer "TennCare."
-        The uniform category "Private Insurance including HMO" (PAY1 = 3) includes the source payer "HMO/Managed Care."

The source categories "Managed Assistance," "County or State Employee," and "Division of Health Services (Vocational Rehabilitation)" are included in the HCUP-3 category "Other" (PAY1 = 6).

---- Washington ----

Washington does not separately classify Blue Cross payers. The source category "Health Care Service Contractors" includes a mix of Blue Cross, County Medical Bureaus, Washington Physicians Service, and other commercial payers.

In all years except 1993, "Health Care Service Contractors" was recoded into the uniform category "Private Insurance including HMO" (PAY1 = 3). Due to an error in HCUP-3 processing, "Health Care Service Contractors" was recoded into the uniform category "Other" (PAY1 = 6) in 1993.

---- Wisconsin ----

Wisconsin does not separately classify No Charge (PAY1 = 5). No documentation was available about which payer type(s) were used for No charge.

PAY1_N   I:Primary expected payer, nonuniform

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	Medicare	1,947,760	1,991,828	2,093,211	2,041,676	2,021,174	2,246,556	2,217,643
2	Medicaid	920,655	891,837	1,007,322	1,070,725	1,059,631	1,160,884	1,081,267
3	Blue Cross, Blue Cross PPO	482,960	425,001	420,179	391,486	346,488	360,962	328,971
4	Commercial, PPO	1,573,409	1,585,228	1,287,786	1,160,713	1,080,569	1,177,080	1,095,595
5	Alt. delivery system (HMO,PHP,etc.)	422,740	455,926	621,853	666,934	711,953	795,597	892,256
6	Self-pay	239,692	205,040	341,678	341,795	304,578	323,828	300,504
7	No charge	8,293	7,428	5,807	7,805	4,353	10,846	10,615
8	Title V	296	315	445	115	288	183	29
9	Worker's Compensation	46,939	39,325	48,902	47,977	47,051	42,784	40,812
10	CHAMPUS, CHAMPVA	4,732	5,115	24,339	17,616	16,348	26,397	25,224
11	Other Government	89,123	61,648	81,624	58,277	63,210	60,501	59,546
12	Other	327,047	312,387	80,173	65,811	84,100	83,762	77,779
.	Missing*	200,358	170,715	182,143	668,040	644,089	416,246	409,896
.A	Invalid*	4,511	4,395	282	6	1,179	9,309	1,932
.B	Unavailable from source*	0	0	0	0	0	0	0

PAY1_N   **I:Primary expected payer, nonuniform**

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
1	Medicare	31.07	32.35	33.78	31.22	31.65	33.46	33.90
2	Medicaid	14.69	14.49	16.26	16.37	16.60	17.29	16.53
3	Blue Cross, Blue Cross PPO	7.70	6.90	6.78	5.99	5.43	5.38	5.03
4	Commercial, PPO	25.10	25.75	20.79	17.75	16.92	17.53	16.75
5	Alt. delivery system (HMO,PHP,etc.)	6.74	7.41	10.04	10.20	11.15	11.85	13.64
6	Self-pay	3.82	3.33	5.51	5.23	4.77	4.82	4.59
7	No charge	0.13	0.12	0.09	0.12	0.07	0.16	0.16
8	Title V	0.00	0.01	0.01	0.00	0.00	0.00	0.00
9	Worker's Compensation	0.75	0.64	0.79	0.73	0.74	0.64	0.62
10	CHAMPUS, CHAMPVA	0.08	0.08	0.39	0.27	0.26	0.39	0.39
11	Other Government	1.42	1.00	1.32	0.89	0.99	0.90	0.91
12	Other	5.22	5.07	1.29	1.01	1.32	1.25	1.19
.	Missing*	3.20	2.77	2.94	10.22	10.09	6.20	6.27
.A	Invalid*	0.07	0.07	0.00	0.00	0.02	0.14	0.03
.B	Unavailable from source*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PAY1_N   I:Primary expected payer, nonuniform

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

PAY1_N (where _N indicates non-uniform) preserves much of the original payer detail from the various data sources. However, some categories of PAY1_N are not available from some sources because not all sources had the same level of detail available.

Additional Notes Specific To NIS:

---- Arizona ----

Arizona's coding of expected primary payer changes across years.
For 1989-1994, PAY1_N is missing (.) for all discharges even though PAY1 is coded. This is because Arizona payer codes lacked the detail necessary to map them accurately to the nonuniform PAY1_N codes.

Beginning in 1995, Arizona reported enough detail to assign the nonuniform PAY1_N codes. Unusual pay sources were recoded as follows:

Pay source   Recoded to HCUP-3 uniform value

"Medicare Risk"   Medicare (PAY1_N = 1)

"AHCCCS Health Care Group" Medicaid (PAY1_N = 2)

MEDEXCEL   CHAMPUS/CHAMPVA (PAY1_N = 10)

"Children's Rehabilitation
Services"   Other Government (PAY1_N = 11)

PAY1_N   I:Primary expected payer, nonuniform

"Indian Health Services"   Other Government (PAY1_N = 11)

"Foreign National"   Other (PAY1_N = 12)

The Arizona category "HMO/Prepaid Health Plans/Blue Cross" was recoded into the HCUP-3 category "Alternative Delivery Systems, HMO" (PAY1_N = 5), but it represents a mix of plans that are usually divided into:
−   Blue Cross, Blue Cross PPO   (PAY1_N = 3),
-          Commercial, PPO   (PAY1_N = 4), and
−   Alt. delivery systems, HMO   (PAY1_N = 5).

Arizona does not separately classify Title V (PAY1_N = 8). No documentation was available about which payer type(s) were used for Title V.

---- California ----

HMO Payers

The source reports "Medicare HMO payers" as "Medicare." These payers are included in the HCUP-3 uniform category "Medicare" (PAY1_N = 1).

The source reports "Medi-Cal HMO payers" as "Medi-Cal." These payers are included in the HCUP-3 uniform category "Medicaid" (PAY1_N = 2).

The source reports "Blue Cross/Blue Shield HMO payers" as "Blue Cross/Blue Shield." These payers are included in the HCUP-3 uniform category "Blue Cross/Blue Shield" (PAY1_N = 3).

Title V

Beginning in 1995, the source does not separately classify "Title V" (PAY1_N = 8). No documentation was available about which payer type(s) were used for Title V.

PAY1_N   I:Primary expected payer, nonuniform

CHAMPUS/CHAMPVA

Prior to 1995, California did not separately classify CHAMPUS/CHAMPVA payers. No documentation was available about which payer type(s) were used for CHAMPUS/CHAMPVA.

Beginning in 1995, the source reports CHAMPUS/CHAMPVA as a separate category. These records are included in the uniform category "CHAMPUS/CHAMPVA" (PAY1_N = 10).

Medically Indigent Services

A pay source of "Medically Indigent Services" is included in the HCUP-3 uniform category "Other Government" (PAY1_N = 11).

---- Colorado ----

Colorado Hospital Association redefined payer codes and categories in 1993. Several of the HCUP-3 payer recodes are affected:

```
-----------------------------------------------------------------
                        HMO/PPO
-----------------------------------------------------------------
```

1988-1992   The source reports only one distinct HMO/PPO payer category (PAY1_N = 5). The source documentation does not indicate whether HMO services paid for by Medicare, Medicaid, and other payers ("other liability," no fault auto insurance, and home casualty insurance) are included in the source data as HMO/PPO.

Beginning 1993   The source reports separate categories for HMO/PPO (PAY1_N = 5), Medicare HMO (PAY1_N = 1), Medicaid HMO (PAY1_N = 2), and HMO/PPO service provided by other payers "Other Liability, No Fault Auto, and Home Casualty Insurance" (PAY1_N = 4).

PAY1_N   I:Primary expected payer, nonuniform

```
----------------------------------------------------------------
                        CHAMPUS/CHAMPVA
----------------------------------------------------------------
```

1988-1992   The source does not separately classify CHAMPUS/CHAMPVA. The documentation supplied by the data source does not indicate how these payers are coded.

Beginning 1993   The data source reports CHAMPUS/CHAMPVA as a distinct category (PAY1_N = 10).

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----------------------------------------------------------------
        Colorado Medically Indigent Program
----------------------------------------------------------------
```

1988-1992   The source does not separately classify Colorado Medically Indigent Program. The documentation supplied by the data source does not indicate how these payers are reported.

Beginning 1993   The data source reports Colorado Medically Indigent Program as a distinct category, which is recoded to the HCUP-3 category "Other Government" (PAY1_N = 11).

```
----------------------------------------------------------------
                        Title V
----------------------------------------------------------------
```

1988-1992   The source reports a distinct category for Title V (PAY1_N = 8).

Beginning 1993   The source reports Title V as "Other Government" (PAY1_N = 11).

---- Florida ----

In addition to the usual categories coded under Medicare (PAY1_N = 1), a pay source of "Medicare HMO" is included.

In addition to the usual categories coded under Medicaid (PAY1_N = 2), a pay source of "Medicaid HMO" is included.

PAY1_N   I:Primary expected payer, nonuniform

Florida does not separately classify Blue Cross. Blue Cross payers are categorized under Commercial, PPO (PAY1_N = 4).

Starting in 1992, the category of self-pay (PAY1_N = 6) includes self-pay, charity, and underinsured. Prior to 1992, these payers were categorized under Other (PAY1_N = 12), because Florida did not separately identify them.

---- Illinois ----

The source coding of expected payer changes across years.

In 1988-1992, Illinois used individual payer codes. For example, charity admissions are identified by a unique value.

In 1993, Illinois redefined their payer codes into categories. Using the previous example, charity admissions are included under Illinois' payer category of Other and can not be separately identified.

Beginning in 1995, Illinois added a payer identification number that is used with the payer categories to once again distinguish charity and some other types of payers.

                        Blue Cross

1988-1992   The source reports this payer separately, and it is recoded to the HCUP-3 non-uniform category "Blue Cross" (PAY1_N = 3).

Beginning 1993   The source reports Blue Cross with all other commercial payers, therefore Blue Cross is included in the HCUP-3 non-uniform category "Commercial" (PAY1_N = 4).

                        Charity

1988-1992   The source reports this category separately, and it is recoded to the HCUP-3 non-uniform category "No Charge" (PAY1_N = 7).

PAY1_N   I:Primary expected payer, nonuniform

1993-1994   The source includes Charity in the payer type "Other," therefore it is included in the HCUP-3 non-uniform category "Other" (PAY1_N = 12).

Beginning 1995   The source reports Charity as a separate category, and it is recoded to the HCUP-3 non-uniform category "No Charge" (PAY1_N = 7).

                       Hill Burton Free Care

1988-1992   The source reports this category separately, and it is recoded to the HCUP-3 non-uniform category "No Charge" (PAY1_N = 7).

1993-1994   The source includes Hill Burton Free Care in the payer type "Other," therefore it is included in the HCUP-3 non-uniform category "Other" (PAY1_N = 12).

Beginning 1995   The source reports Hill Burton Free Care as a separate category, and it is recoded to the HCUP-3 non-uniform category "No Charge" (PAY1_N = 7).

                       Worker's Compensation

1988-1992   During HCUP-3 processing, Worker's Compensation codes had to be matched using two separate files provided by the data source to identify Worker's Compensation payers, however only 81% of Worker's Compensation payers could be matched to codes. As a result, some Worker's Compensation payers may have been assigned to the HCUP-3 payer "Commercial, PPO" (PAY1_N = 4), instead of "Worker's Compensation" (PAY1_N = 9).

Beginning 1993   The source includes Worker's Compensation in the payer type "Other," therefore it is included in the HCUP-3 non-uniform category "Other" (PAY1_N = 12).

PAY1_N   I:Primary expected payer, nonuniform

                    CHAMPUS and CHAMPVA

1988-1992	The source reports this payer type separately, and it is recoded to the HCUP-3 non-uniform category "CHAMPUS and CHAMPVA" (PAY1_N = 10).
1993-1994	The source includes CHAMPUS and CHAMPVA in the payer type "Other," therefore it is included in the HCUP-3 non-uniform category "Other" (PAY1_N = 12).
Beginning 1995	The source identifies CHAMPUS and CHAMPVA as a separate category, and it is recoded to the HCUP-3 non-uniform category "CHAMPUS and CHAMPVA" (PAY1_N = 10).

                    Black Lung

1988-1992	The source reports this category separately, and it is recoded to the HCUP-3 non-uniform category "Other government" (PAY1_N = 11).
1993-1994	The source includes Black Lung in the payer type "Other," therefore it is included in the HCUP-3 non-uniform category "Other" (PAY1_N = 12).
Beginning 1995	The source reports Black Lung as a separate category, and it is recoded to the HCUP-3 non-uniform category "Other Government" (PAY1_N = 11).

                    Self-administered Insurance Plans

All years	The source category "Self-administered insurance plans or self-insured plans" is included in the HCUP-3 category "Commercial insurance" (PAY1_N = 4).

PAY1_N   I:Primary expected payer, nonuniform

---- Iowa ----

Iowa data do not separately classify:
-        Alternative Delivery System (PAY1_N = 5),
-        No Charge (PAY1_N = 7),
-        Title V (PAY1_N = 8), or
-        CHAMPUS, CHAMPVA (PAY1_N = 10).

The documentation indicates that Alternative Delivery Systems are included in Commercial (PAY1_N = 4). Title V and CHAMPUS, CHAMPVA are included in Other Government (PAY1_N = 11). No documentation was available about which payer type(s) were used for No Charge.

Some hospitals assign the same payer source to all discharges. Examination of the data indicates that these sources are either Medicare (PAY1_N = 1), Commercial Insurance (PAY1_N = 4), or both (PAY1_N=1 and PAY1_N = 4).

---- Kansas ----

PAY1_N is missing (.) for all discharges even though PAY1 is coded. This is because Kansas payer codes lacked the detail necessary to map them accurately to the nonuniform PAY1_N codes.

---- Maryland ----

The HCUP-3 category "Medicare" (PAY1_N = 1) includes the source code "Medicare HMO."

The HCUP-3 category "Medicaid" (PAY1_N = 2) includes the source codes "Medicaid State Only (MSO)" and "Medicaid HMO."

In addition to the usual categories coded under the HCUP-3 category "Other" (PAY1_N = 12), a pay source of "Donor" is included.

Maryland did not separately classify "CHAMPUS/CHAMPVA" (PAY1_N = 10). The source documentation available for Maryland did not indicate which payer type(s) were used for "CHAMPUS/CHAMPVA."

PAY1_N   I:Primary expected payer, nonuniform

---- Massachusetts ----

For all years, Massachusetts does not separately classify Title V (PAY1_N = 8) or CHAMPUS/CHAMPVA (PAY1_N = 10). The source documentation available for Massachusetts did not indicate which payer type(s) were used for Title V or CHAMPUS/CHAMPVA.

Beginning in 1993, quarter 4, Massachusetts reports separate managed care categories:

Source Payer	HCUP-3 Payer	PAY1_N
Medicare Managed Care	Medicare	1
Medicaid Managed Care	Medicaid	2
Blue Cross Managed Care	Blue Cross, Blue Cross PPO	3
Commercial Managed Care	Commercial, PPO	4
Other Non-Managed Care	Other	12

Beginning in 1996, "PPO and Other Managed Care not listed elsewhere" was recoded into the uniform category "Commercial, PPO" (PAY1_N = 4). From 1993 to 1995, "PPO and Other Managed Care not listed elsewhere" was recoded into the uniform category "Other" (PAY1_N = 12).

---- Missouri ----

According to the Missouri Hospital Association, some hospitals do not separately classify "Blue Cross/Blue Shield" (PAY1_N = 3), but instead group "Blue Cross/Blue Shield" with "Commercial, PPO" (PAY1_N = 4).

Missouri does not separately classify alternate delivery systems, HMO, PHP, etc. (PAY1_N = 5). According to the documentation, these are included with "Commercial/Private Insurance" which are included in the HCUP-3 category "Commercial, PPO" (PAY1_N = 4).

PAY1_N   I:Primary expected payer, nonuniform

Missouri does not separately classify CHAMPUS/CHAMPVA payers (PAY1_N = 10). According to the documentation available from the hospital association, CHAMPUS and CHAMPVA are categorized as "Other Government (CHAMPUS)." These are included in the uniform category "Other Government" (PAY1_N = 11).

---- New Jersey ----

Unusual pay sources were recoded as follows:

Pay source	Recoded to HCUP-3 uniform value
"No Fault"	Private Insurance, PPO (PAY1_N = 4)
"Personnel Health Plan"	Other (PAY1_N = 12)
"Indigent"	1988-1992: Other (PAY1_N = 11) From 1993: Self-Pay (PAY1_N = 6)

The source pay category "Indigent" was incorrectly mapped to "Other" (PAY1_N = 11) during HCUP-3 processing of 1988-1992 data.

---- New York ----

New York does not separately classify Title V (PAY1_N = 8). The source documentation available for New York does not indicate which payer type(s) were used for Title V.

The source categories "No Fault," "Self Insured," and "Self Administered Plan" are included in the HCUP-3 category "Commercial, PPO" (PAY1_N = 4).

Prior to 1996, the source category "Corrections (State, County or City)" is included in the HCUP-3 category "Other Government" (PAY1_N = 11). Beginning in 1996, New York separately reported pay categories for "Corrections - Federal", "Corrections - State", and "Corrections - Local." All of these source values were recoded to the HCUP-3 uniform category "Other Government" (PAY1_N = 11).

PAY1_N   I:Primary expected payer, nonuniform

Beginning in 1993:
-        The source separately classifies "Medicare HMO." This is assigned to the HCUP-3 category "Medicare" (PAY1_N = 1).

-        The source separately classifies "Medicaid HMO." This is assigned to the HCUP-3 category "Medicaid" (PAY1_N = 2).

---- Oregon ----

Prior to 1995, Oregon did not separately classify the HCUP-3 categories:
-        "Alternative Delivery System" (PAY1_N = 5),
-        "No Charge" (PAY1_N = 7),
-        "TITLE V" (PAY1_N = 8), or
-        "CHAMPUS, CHAMPVA" (PAY1_N = 10).

The source documentation supplied by Oregon did not indicate which source categories are used for these payers. Starting in 1995, these payers are reported as separate categories.

In 1995, two source categories for payer were added:
-        the source category "Self-insured" is included in the HCUP-3 category "Commercial insurance" (PAY1_N = 4), and
-        The source category "Managed Assistance" is included in the HCUP-3 category "Other Government" (PAY1_N = 11).

---- Pennsylvania ----

<u>In all years</u>

Pennsylvania does not separately classify No Charge (PAY1_N = 7) Title V (PAY1_N = 8), and CHAMPUS/CHAMPVA (PAY1_N = 10). The source documentation available for Pennsylvania data does not indicate which code(s) were used for these payers.

<u>Beginning in 1994</u>

Pennsylvania redefined payer codes and categories in 1994. Several of the HCUP-3 payer recodes are affected.

PAY1_N   I:Primary expected payer, nonuniform

                    HMO/PPO

1989-1993   The source reports only one distinct HMO/PPO payer category (PAY1_N = 5). The source documentation does not indicate whether HMO services paid for by Medicare, Medicaid, and other payers ("commercial," "employers," "associations," and "auto insurance") are included in the source data as HMO/PPO.

Starting   The source reports separate categories for
in 1994   -   Medicare HMO/PPO (PAY1_N = 1),
                 -          Medicaid HMO/PPO (PAY1_N = 2), and
                 -          HMO/PPO service provided by payers such as "Blue Cross HMO/PPO," "Patient Direct Bill HMO/PPO," "Commercial HMO/PPO," and "Employer Direct Bill HMO/PPO" (PAY1_N = 5).

          Worker's Compensation

1989-1993   The source reports one distinct category for Worker's Compensation (PAY1_N = 9).

Starting   The source reports separate categories for
in 1994   -   "Commercial Worker's Compensation,"
                 -          "Employer Direct Bill Worker's Compensation," and
                 -          "Other Government State Worker's Insurance."
                 These are recoded to the HCUP-3 category Worker's Compensation (PAY1_N = 9).

         Commercial

1989-1993   The source reports distinct categories for
                 -          "Employers" (which includes self-insured employers, union and labor) and
                 -          "Associations" (which includes payers such as chambers of commerce and associations of retirees).
                 These are recoded to the HCUP-3 category Commercial, PPO (PAY1_N = 4).

PAY1_N   **I:Primary expected payer, nonuniform**

Starting   The source reports distinct categories for
in 1994
-      "Commercial,"
-      "Commercial Union Health and Welfare Fund,"
-      "Commercial Auto,"
-      "Commercial Association,"
-      "Employer Direct Bill,"
-      "Employer Direct Bill Union Health and Welfare Fund," and
-      "Employer Direct Bill Association."

These are recoded to the HCUP-3 category Commercial, PPO (PAY1_N = 4).

Health and Welfare

1989-1993   The source reports a single category for "Health and Welfare Fund" which is recoded to the HCUP-3 category Other Government (PAY1_N = 11).

Starting   The source separates "Health and Welfare Fund"
in 1994   into several categories:
-      "Blue Cross Health and Welfare Fund," (PAY1_N = 3)
-      "Commercial Union Health and Welfare Fund," (PAY1_N = 4) and
-      "Employer Direct Bill Health and Welfare Fund" (PAY1_N = 4).

---- South Carolina ----

PAY1_N is missing (.) for all discharges even though PAY1 is coded. South Carolina payer codes lacked the detail necessary to map them accurately to the nonuniform PAY1_N codes.

---- Tennessee ----

Tennessee reports HMO and managed care separately for commercial, Medicare, and Medicaid payers:

PAY1_N   I:Primary expected payer, nonuniform

-        The uniform category "Medicare" (PAY1_N = 1) includes the source payer "Medicare Managed Care."
-        The uniform category "Medicaid" (PAY1_N = 2) includes the source payer "TennCare."
-        The uniform category "HMO, PHP, etc." (PAY1_N = 5)includes the source payer "HMO/Managed Care."

Title V

Tennessee does not separately classify Title V (PAY1_N = 8). No documentation was available about which payer type(s) were used for Title V.

Other Government

The source categories "Managed Assistance," "County or State Employee," and "Division of Health Services (Vocational Rehabilitation)" are included in the HCUP-3 category "Other Government" (PAY1_N = 11).

---- Washington ----

Washington does not separately classify CHAMPUS and CHAMPVA payers (PAY1_N = 10). According to the documentation available from the state, CHAMPUS and CHAMPVA are categorized as "other sponsored patients," which are included in the HCUP-3 category "Other" (PAY1_N = 12).

Washington does not separately classify Blue Cross payers (PAY1_N = 3). The source category "Health Care Service Contractors" includes a mix of Blue Cross, County Medical Bureaus, Washington Physicians Service, and other commercial payers. This source value was recoded into the non-uniform category "Other" (PAY1_N = 12).

---- Wisconsin ----

Wisconsin does not separately classify:
-        No Charge (PAY1_N = 7), or
-        Title V (PAY1_N = 8).
No documentation was available about which payer type(s) were used for Title V and No charge.

PAY2   I:Secondary expected payer, uniform

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
1	Medicare	24,106	22,767	25,140	34,416	38,602	56,173	56,552
2	Medicaid	82,819	90,128	91,939	159,322	174,320	238,231	237,438
3	Private insurance including HMO	429,922	422,901	413,479	621,660	686,543	951,303	885,353
4	Self-pay	214,709	232,373	181,278	250,623	272,208	560,991	564,525
5	No charge	1,192	1,107	1,262	1,395	1,610	2,561	2,549
6	Other	230,675	189,879	167,925	132,514	43,295	79,858	102,679
.	Missing*	1,182,696	1,158,785	1,133,855	2,032,432	1,908,369	2,055,621	1,898,661
.A	Invalid*	0	2	1,338	2	0	2,946	1,754
.B	Unavailable from source*	3,988,131	3,924,416	4,057,303	3,194,139	3,135,853	2,497,572	2,500,506
.C	Inconsistent*	114,265	113,830	122,225	112,473	124,211	269,679	292,052

PAY2   I:Secondary expected payer, uniform

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	Medicare	0.38	0.37	0.41	0.53	0.60	0.84	0.86
2	Medicaid	1.32	1.46	1.48	2.44	2.73	3.55	3.63
3	Private insurance including HMO	6.86	6.87	6.67	9.51	10.75	14.17	13.53
4	Self-pay	3.43	3.77	2.93	3.83	4.26	8.35	8.63
5	No charge	0.02	0.02	0.02	0.02	0.03	0.04	0.04
6	Other	3.68	3.08	2.71	2.03	0.68	1.19	1.57
.	Missing*	18.87	18.82	18.30	31.08	29.89	30.61	29.02
.A	Invalid*	0.00	0.00	0.02	0.00	0.00	0.04	0.03
.B	Unavailable from source*	63.62	63.75	65.49	48.85	49.11	37.19	38.22
.C	Inconsistent*	1.82	1.85	1.97	1.72	1.95	4.02	4.46

PAY2   I:Secondary expected payer, uniform

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

In general, PAY2 is recoded from PAY2_N (non-uniform expected secondary payer) according to the following rules:

PAY2 Description	(value)	Description	PAY2_N (value)
Medicare	(1)	Medicare	(1)
Medicaid	(2)	Medicaid	(2)
Private insurance, including HMO	(3)	Blue Cross, PPO	(3)
		Commercial, PPO	(4)
		HMO, PHP	(5)
Self-pay	(4)	Self-pay	(6)
No charge	(5)	No charge	(7)
Other	(6)	Title V	(8)
		Worker's Compensation	(9)
		CHAMPUS/CHAMPVA	(10)
		Other Government	(11)
		Other	(12)
Missing	(.)	Missing	(.)
Invalid	(.A)	Invalid	(.A)
Unavailable from source	(.B)	Unavailable from source	(.B)

PAY2   I:Secondary expected payer, uniform

If the primary pay source and the secondary pay source are the same and the source is one of the following:
- Medicare (ED951)
- Medicaid (ED951)
- CHAMPUS (ED952)
- Worker's Compensation (ED952)
- Title V (ED952),

then PAY2 is set to inconsistent (.C).

Additional Notes Specific To NIS:

---- Illinois ----

The source coding of expected payer changes across years.

In 1988-1992, Illinois used individual payer codes. For example, charity admissions are identified by a unique value.

In 1993, Illinois redefined their payer codes into categories. Using the previous example, charity admissions are included under Illinois' payer category of Other and can not be separately identified.

Beginning in 1995, Illinois added a payer identification number that is used with the payer categories to once again distinguish charity and some other types of payers.

                        Charity

1988-1992   The source reports this category separately, and it is recoded to the HCUP-3 uniform category "No Charge" (PAY2 = 5).

1993-1994   The source includes Charity in the payer type "Other," therefore it is included in the HCUP-3 uniform category "Other" (PAY2 = 6).

Beginning 1995 The source reports Charity as a separate category, and it is recoded to the HCUP-3 uniform category "No Charge" (PAY2 = 5).

PAY2   I:Secondary expected payer, uniform

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-----------------------------------------------------------------
                        Hill Burton Free Care
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1988-1992   The source reports this category separately, and it is recoded to the HCUP-3 uniform category "No Charge" (PAY2 = 5).

1993-1994   The source includes Hill Burton Free Care in the payer type "Other," therefore it is included in the HCUP-3 uniform category "Other" (PAY2 = 6).

Beginning 1995 The source reports Hill Burton Free Care as a separate category, and it is recoded to the HCUP-3 uniform category "No Charge" (PAY2 = 5).

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-----------------------------------------------------------------
                        Worker's Compensation
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1988-1992   During HCUP-3 processing, Worker's Compensation codes had to be matched using two separate files provided by the data source, however only 81% of Worker's Compensation payers could be matched to codes. As a result, some Worker's Compensation payers may have been assigned to the HCUP-3 payer "Private insurance, including HMO" (PAY2 = 3), instead of "Other" (PAY2 = 6).

Beginning 1993 The source includes Worker's Compensation in the payer type "Other," therefore it is included in the HCUP-3 uniform category "Other" (PAY2 = 6).

---- Kansas ----

Kansas does not separately classify "No Charge" (PAY2 = 5). The source documentation available for Kansas data does not indicate which code(s) were used for "No Charge."

Kansas includes the payer "Indigent" in the category "Other" (PAY2 = 6).

PAY2   I:Secondary expected payer, uniform

---- Maryland ----

The HCUP-3 category "Medicare" (PAY2 = 1) includes the source code "Medicare HMO."

The HCUP-3 category "Medicaid" (PAY2 = 2) includes the source codes "Medicaid State Only (MSO)" and "Medicaid HMO."

In addition to the usual categories coded under the HCUP-3 category "Other" (PAY2 = 6), a pay source of "Donor" is included.

---- Massachusetts ----

For all years:

-        The source payer codes for "Other or principal source covered payment in full" were included in the HCUP-3 category "Other" (PAY2 = 6).

Beginning in 1993, quarter 4, Massachusetts reports separate managed care categories:

Source Payer	HCUP-3 Payer	PAY2
Medicare Managed Care	Medicare	1
Medicaid Managed Care	Medicaid	2
Blue Cross Managed Care	Private Insurance Including HMO	3
Commercial Managed Care	Private Insurance Including HMO	3
Other Non-Managed Care	Other	6

PAY2   I:Secondary expected payer, uniform

Beginning in 1996, "PPO and Other Managed Care not listed elsewhere" was recoded into the uniform category "Private Insurance including HMO" (PAY2 = 3). From 1993 to 1995, "PPO and Other Managed Care not listed elsewhere" was recoded into the uniform category "Other" (PAY2 = 6).

---- New Jersey ----

Unusual pay sources were recoded as follows:

Pay source	Recoded to HCUP-3 uniform value
"No Fault"	Private Insurance, PPO (PAY2 = 3)
"Personnel Health Plan"	Other (PAY2 = 6)
"Indigent"	1988-1992: Other (PAY2 = 6) From 1993: Self-Pay (PAY2 = 4)

The source pay category "Indigent" was incorrectly mapped to "Other" (PAY2 = 6) during HCUP-3 processing of 1988-1992 data.

---- New York ----

The source categories "No Fault," "Self Insured," and "Self Administered Plan" are included in the HCUP-3 category "Private Insurance" (PAY2 = 3).

Beginning in 1996, New York separately reported pay categories for "Corrections - Federal", "Corrections - State", and "Corrections - Local." All of these source values were recoded to the HCUP-3 uniform category "Other" (PAY2 = 6).

---- Oregon ----

For 1993-1994, Oregon did not separately classify "No Charge" (PAY2 = 5). The source documentation supplied by Oregon did not indicate which source categories were

PAY2   I:Secondary expected payer, uniform

used for "No Charge."

Beginning in 1995, the source included a category "Medically Indigent/Free/Research." This is recoded to the HCUP-3 uniform category "No Charge" (PAY2 = 5).

---- Pennsylvania ----

Beginning in 1995, Pennsylvania supplied an expected secondary and tertiary payer in addition to the expected primary payer.

Pennsylvania does not separately classify No Charge (PAY2 = 5). The source documentation available for Pennsylvania data does not indicate which code(s) were used for No Charge.

The source code for "Other Government CAT Fund" is included in the HCUP-3 category Other (PAY2 = 6).

HMO/PPO

The source reports separate categories for
-        Medicare HMO/PPO (PAY2 = 1),
-        Medicaid HMO/PPO (PAY2 = 2), and
-        HMO/PPO service provided by payers such as "Blue Cross HMO/PPO," "Patient Direct Bill HMO/PPO," "Commercial HMO/PPO," and "Employer Direct Bill HMO/PPO" (PAY2 = 3).

Commercial

The source reports distinct categories for
-        "Commercial,"
-        "Commercial Union Health and Welfare Fund,"
-        "Commercial Auto,"
-        "Commercial Association,"

PAY2   I:Secondary expected payer, uniform

-       "Employer Direct Bill,"
-       "Employer Direct Bill Union Health and Welfare Fund," and
-       "Employer Direct Bill Association."
These are recoded to the HCUP-3 category Private Insurance including HMO (PAY2 = 3).

Health and Welfare

The source separates "Health and Welfare Fund" into several categories:
-       "Blue Cross Health and Welfare Fund,"
-       "Commercial Union Health and Welfare Fund," and
-       "Employer Direct Bill Health and Welfare Fund."
These are recoded to the HCUP-3 category Private Insurance including HMO (PAY2 = 3).

---- South Carolina ----

South Carolina does not separately classify No Charge (PAY2 = 5). South Carolina reports a government program for indigent patients that is recoded to the HCUP-3 category Other (PAY2 = 6).

In 1995, the source added a category for HMO patients. These discharges were recoded in the HCUP-3 category "Blue Cross/Commercial/HMO" (PAY2 = 3).

---- Tennessee ----

Tennessee reports HMO and managed care separately for commercial, Medicare, and Medicaid payers:
-       The uniform category "Medicare" (PAY2 = 1) includes the source payer "Medicare Managed Care."
-       The uniform category "Medicaid" (PAY2 = 2) includes the source payer "TennCare."
-       The uniform category "Private Insurance including HMO" (PAY2 = 3) includes the source payer "HMO/Managed Care."

PAY2   I:Secondary expected payer, uniform

The source categories "Managed Assistance," "County or State Employee," and "Division of Health Services (Vocational Rehabilitation)" are included in the HCUP-3 category "Other" (PAY2 = 6).

---- Washington ----

Washington does not separately classify Blue Cross payers. The source category "Health Care Service Contractors" includes a mix of Blue Cross, County Medical Bureaus, Washington Physicians Service, and other commercial payers.

In all years except 1993, "Health Care Service Contractors" was recoded into the uniform category "Private Insurance including HMO" (PAY2 = 3). Due to an error in HCUP-3 processing, "Health Care Service Contractors" was recoded into the uniform category "Other" (PAY2 = 6) in 1993.

---- Wisconsin ----

Wisconsin does not separately classify No Charge (PAY2 = 5). No documentation was available about which payer type(s) were used for No charge.

PAY2_N   I:Secondary expected payer, nonuniform

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
1	Medicare	24,106	22,767	25,140	29,599	33,419	51,523	52,111
2	Medicaid	82,819	90,128	91,939	126,337	140,920	207,969	211,436
3	Blue Cross, Blue Cross PPO	130,658	125,867	119,944	167,572	208,319	318,798	297,224
4	Commercial, PPO	262,195	259,487	256,932	318,022	331,164	487,536	466,359
5	Alt. delivery sys (HMO,PHP,etc.)	25,335	26,910	27,398	39,696	48,560	59,704	65,531
6	Self-pay	214,709	232,373	181,278	249,645	268,963	555,706	560,469
7	No charge	1,192	1,107	1,262	1,395	1,610	2,561	2,549
8	Title V	9	0	19	12	1,236	56	14
9	Worker's Compensation	3,347	3,129	224	496	423	764	2,014
10	CHAMPUS, CHAMPVA	946	1,072	1,101	480	810	1,821	2,927
11	Other Government	5,074	5,614	5,969	4,845	2,969	7,702	5,670
12	Other	233,033	190,701	169,817	127,350	39,853	71,116	45,047
.	Missing*	1,182,696	1,158,785	1,133,855	2,174,858	2,053,215	2,190,085	2,059,721
.A	Invalid*	0	2	1,338	2	0	2,946	1,754
.B	Unavailable from source*	3,988,131	3,924,416	4,057,303	3,194,139	3,135,853	2,497,572	2,500,506

PAY2_N   I:Secondary expected payer, nonuniform

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
.C	Inconsistent*	114,265	113,830	122,225	104,528	117,697	259,076	268,737

PAY2_N   I:Secondary expected payer, nonuniform

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
1	Medicare	0.38	0.37	0.41	0.45	0.52	0.77	0.80
2	Medicaid	1.32	1.46	1.48	1.93	2.21	3.10	3.23
3	Blue Cross, Blue Cross PPO	2.08	2.04	1.94	2.56	3.26	4.75	4.54
4	Commercial, PPO	4.18	4.22	4.15	4.86	5.19	7.26	7.13
5	Alt. delivery sys (HMO,PHP,etc.)	0.40	0.44	0.44	0.61	0.76	0.89	1.00
6	Self-pay	3.43	3.77	2.93	3.82	4.21	8.28	8.57
7	No charge	0.02	0.02	0.02	0.02	0.03	0.04	0.04
8	Title V	0.00	0.00	0.00	0.00	0.02	0.00	0.00
9	Worker's Compensation	0.05	0.05	0.00	0.01	0.01	0.01	0.03
10	CHAMPUS, CHAMPVA	0.02	0.02	0.02	0.01	0.01	0.03	0.04
11	Other Government	0.08	0.09	0.10	0.07	0.05	0.11	0.09
12	Other	3.72	3.10	2.74	1.95	0.62	1.06	0.69
.	Missing*	18.87	18.82	18.30	33.26	32.16	32.62	31.48
.A	Invalid*	0.00	0.00	0.02	0.00	0.00	0.04	0.03
.B	Unavailable from source*	63.62	63.75	65.49	48.85	49.11	37.19	38.22

PAY2_N   **I:Secondary expected payer, nonuniform**

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
.C	Inconsistent*	1.82	1.85	1.97	1.60	1.84	3.86	4.11

PAY2_N   I:Secondary expected payer, nonuniform

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

PAY2_N (where _N indicates non-uniform) preserves much of the original payer detail from the various data sources. However, some categories of PAY2_N are not available from some sources because not all sources had the same level of detail available.

If the primary pay source and the secondary pay source are the same and the source is one of the following:
- Medicare (ED951)
- Medicaid (ED951)
- CHAMPUS (ED952)
- Worker's Compensation (ED952)
- Title V (ED952),
then PAY2_N is set to inconsistent (.C).

Additional Notes Specific To NIS:

---- Illinois ----

The source coding of expected payer changes across years.

In 1988-1992, Illinois used individual payer codes. For example, charity admissions are identified by a unique value.

In 1993, Illinois redefined their payer codes into categories. Using the previous example, charity admissions are included under Illinois' payer category of Other and can not be separately identified.

Beginning in 1995, Illinois added a payer identification number that is used with the payer categories to once again distinguish charity and some other types of payers.

PAY2_N   I:Secondary expected payer, nonuniform

<center>Blue Cross</center>

1988-1992   The source reports this payer separately, and it is recoded to the HCUP-3 non-uniform category "Blue Cross" (PAY2_N = 3).

Beginning 1993   The source reports Blue Cross with all other commercial payers, therefore Blue Cross is included in the HCUP-3 non-uniform category "Commercial" (PAY2_N = 4).

<center>Charity</center>

1988-1992   The source reports this category separately, and it is recoded to the HCUP-3 non-uniform category "No Charge" (PAY2_N = 7).

1993-1994   The source includes Charity in the payer type "Other," therefore it is included in the HCUP-3 non-uniform category "Other" (PAY2_N = 12).

Beginning 1995   The source reports Charity as a separate category, and it is recoded to the HCUP-3 non-uniform category "No Charge" (PAY2_N = 7).

<center>Hill Burton Free Care</center>

1988-1992   The source reports this category separately, and it is recoded to the HCUP-3 non-uniform category "No Charge" (PAY2_N = 7).

1993-1994   The source includes Hill Burton Free Care in the payer type "Other," therefore it is included in the HCUP-3 non-uniform category "Other" (PAY2_N = 12).

Beginning 1995   The source reports Hill Burton Free Care as a separate category, and it is recoded to the HCUP-3 non-uniform category "No Charge" (PAY2_N = 7).

PAY2_N   I:Secondary expected payer, nonuniform

                        Worker's Compensation

1988-1992	During HCUP-3 processing, Worker's Compensation codes had to be matched using two separate files provided by the data source to identify Worker's Compensation payers, however only 81% of Worker's Compensation payers could be matched to codes. As a result, some Worker's Compensation payers may have been assigned to the HCUP-3 payer "Commercial, PPO" (PAY2_N = 4), instead of "Worker's Compensation" (PAY2_N = 9).
Beginning 1993	The source includes Worker's Compensation in the payer type "Other," therefore it is included in the HCUP-3 non-uniform category "Other" (PAY2_N = 12).

            CHAMPUS and CHAMPVA

1988-1992	The source reports this payer type separately, and it is recoded to the HCUP-3 non-uniform category "CHAMPUS and CHAMPVA" (PAY2_N = 10).
1993-1994	The source includes CHAMPUS and CHAMPVA in the payer type "Other," therefore it is included in the HCUP-3 non-uniform category "Other" (PAY2_N = 12).
Beginning 1995	The source reports CHAMPUS and CHAMPVA as a separate category, and it is recoded to the HCUP-3 non-uniform category "CHAMPUS and CHAMPVA" (PAY2_N = 10).

                        Black Lung

1988-1992	The source reports this category separately, and it is recoded to the HCUP-3 non-uniform category "Other government" (PAY2_N = 11).
1993-1994	The source includes Black Lung in the payer type "Other," therefore it is included in the HCUP-3 non-uniform category "Other" (PAY2_N = 12).

PAY2_N   I:Secondary expected payer, nonuniform

Beginning 1995   The source reports Black Lung as a separate category, and it is recoded to the HCUP-3 non-uniform category "Other Government" (PAY2_N = 11).

```
------------------------------------------------------------------
                Self-administered Insurance Plans
------------------------------------------------------------------
```

All years   The source category "Self-administered insurance plans or self-insured plans" is included in the HCUP-3 category "Commercial insurance" (PAY2_N = 4).

---- Kansas ----

PAY2_N is missing (.) for all discharges even though PAY2 is coded. This is because Kansas payer codes lacked the detail necessary to map them accurately to the nonuniform PAY2_N codes.

---- Maryland ----

The HCUP-3 category "Medicare" (PAY2_N = 1) includes the source code "Medicare HMO."

The HCUP-3 category "Medicaid" (PAY2_N = 2) includes the source codes "Medicaid State Only (MSO)" and "Medicaid HMO."

In addition to the usual categories coded under the HCUP-3 category "Other" (PAY2_N = 12), a pay source of "Donor" is included.

Maryland did not separately classify "CHAMPUS/CHAMPVA" (PAY2_N = 10). The source documentation available for Maryland did not indicate which payer type(s) were used for "CHAMPUS/CHAMPVA."

PAY2_N   I:Secondary expected payer, nonuniform

---- **Massachusetts** ----

For all years:

-        Massachusetts does not separately classify Title V (PAY2_N = 8) or CHAMPUS/CHAMPVA (PAY2_N = 10). The source documentation available for Massachusetts did not indicate which payer type(s) were used for Title V or CHAMPUS/CHAMPVA.

-        The source payer codes for "Other or principal source covered payment in full" were included in the HCUP-3 category "Other" (PAY2_N = 12).

Beginning in 1993, quarter 4, Massachusetts reports separate managed care categories:

Source Payer	HCUP-3 Payer	PAY2_N
Medicare Managed Care	Medicare	1
Medicaid Managed Care	Medicaid	2
Blue Cross Managed Care	Blue Cross, Blue Cross PPO	3
Commercial Managed Care	Commercial, PPO	4
Other Non-Managed Care	Other	12

Beginning in 1996, "PPO and Other Managed Care not listed elsewhere" was recoded into the uniform category "Commercial, PPO" (PAY2_N = 4). From 1993 to 1995, "PPO and Other Managed Care not listed elsewhere" was recoded into the uniform category "Other" (PAY2_N = 12).

PAY2_N   I:Secondary expected payer, nonuniform

---- Missouri ----

According to the Missouri Hospital Association, some hospitals do not separately classify "Blue Cross/Blue Shield" (PAY2_N = 3), but instead group "Blue Cross/Blue Shield" with "Commercial, PPO" (PAY2_N = 4).

Missouri does not separately classify alternate delivery systems, HMO, PHP, etc. (PAY2_N = 5). According to the documentation, these are included with "Commercial/Private Insurance" which are included in the HCUP-3 category "Commercial, PPO" (PAY2_N = 4).

Missouri does not separately classify CHAMPUS/CHAMPVA payers (PAY2_N = 10). According to the documentation available from the hospital association, CHAMPUS and CHAMPVA are categorized as "Other Government (CHAMPUS)." These are included in the uniform category "Other Government" (PAY2_N = 11).

---- New Jersey ----

Unusual pay sources were recoded as follows:

Pay source	Recoded to HCUP-3 uniform value
"No Fault"	Private Insurance, PPO (PAY2_N = 4)
"Personnel Health Plan"	Other (PAY2_N = 12)
"Indigent"	1988-1992: Other (PAY2_N = 11) From 1993: Self-Pay (PAY2_N = 6)

The source pay category "Indigent" was incorrectly mapped to "Other" (PAY2_N = 11) during HCUP-3 processing of 1988-1992 data.

---- New York ----

New York does not separately classify Title V (PAY2_N = 8). The source documentation available for New York does not indicate which payer type(s) were used for Title V.

PAY2_N   I:Secondary expected payer, nonuniform

The source categories "No Fault," "Self Insured," and "Self Administered Plan" are included in the HCUP-3 category "Commercial, PPO" (PAY2_N = 4).

Prior to 1996, the source category "Corrections (State, County or City)" is included in the HCUP-3 category "Other Government" (PAY2_N = 11). Beginning in 1996, New York separately reported pay categories for "Corrections - Federal", "Corrections - State", and "Corrections - Local." All of these source values were recoded to the HCUP-3 uniform category "Other Government" (PAY2_N = 11).

Beginning in 1993:
-        The source separately classifies "Medicare HMO." This is assigned to the HCUP-3 category "Medicare" (PAY2_N = 1).

-        The source separately classifies "Medicaid HMO." This is assigned to the HCUP-3 category "Medicaid" (PAY2_N = 2).

---- Oregon ----

Prior to 1995, Oregon did not separately classify the HCUP-3 categories:
-        "Alternative Delivery System" (PAY2_N = 5),
-        "No Charge" (PAY2_N = 7),
-        "TITLE V" (PAY2_N = 8), or
-        "CHAMPUS, CHAMPVA" (PAY2_N = 10).

The source documentation supplied by Oregon did not indicate which source categories are used for these payers. Starting in 1995, these payers are reported as separate categories.

In 1995, two source categories for payer were added:
-        the source category "Self-insured" is included in the HCUP-3 category "Commercial insurance" (PAY2_N = 4), and
-        The source category "Managed Assistance" is included in the HCUP-3 category "Other Government" (PAY2_N = 11).

---- Pennsylvania ----

Beginning in 1995, Pennsylvania supplied an expected secondary and tertiary payer in addition to the expected primary payer.

PAY2_N   I:Secondary expected payer, nonuniform

Pennsylvania does not separately classify No Charge (PAY2_N = 7) Title V (PAY2_N = 8), and CHAMPUS/CHAMPVA (PAY2_N = 10). The source documentation available for Pennsylvania data does not indicate which code(s) were used for these payers.

HMO/PPO
The source reports separate categories for
-        Medicare HMO/PPO (PAY2_N = 1),
-        Medicaid HMO/PPO (PAY2_N = 2), and
-        HMO/PPO service provided by payers such as "Blue Cross HMO/PPO," "Patient Direct Bill HMO/PPO," "Commercial HMO/PPO," and "Employer Direct Bill HMO/PPO" (PAY2_N = 5).

Worker's Compensation
The source reports separate categories for
-        "Commercial Worker's Compensation,"
-        "Employer Direct Bill Worker's Compensation," and
-        "Other Government State Worker's Insurance."
These are recoded to the HCUP-3 category Worker's Compensation (PAY2_N = 9).

Commercial
The source reports distinct categories for
-        "Commercial,"
-        "Commercial Union Health and Welfare Fund,"
-        "Commercial Auto,"
-        "Commercial Association,"
-        "Employer Direct Bill,"
-        "Employer Direct Bill Union Health and Welfare Fund," and
-        "Employer Direct Bill Association."
These are recoded to the HCUP-3 category Commercial, PPO (PAY2_N = 4).

PAY2_N   I:Secondary expected payer, nonuniform

Health and Welfare

The source separates "Health and Welfare Fund" into several categories:
-        "Blue Cross Health and Welfare Fund," (PAY2_N = 3)
-        "Commercial Union Health and Welfare Fund," (PAY2_N = 4) and
-        "Employer Direct Bill Health and Welfare Fund" (PAY2_N = 4).

---- South Carolina ----

PAY2_N is missing (.) for all discharges even though PAY2 is coded. South Carolina payer codes lacked the detail necessary to map them accurately to the nonuniform PAY2_N codes.

---- Tennessee ----

Tennessee reports HMO and managed care separately for commercial, Medicare, and Medicaid payers:
-        The uniform category "Medicare" (PAY2_N = 1) includes the source payer "Medicare Managed Care."
-        The uniform category "Medicaid" (PAY2_N = 2) includes the source payer "TennCare."
-        The uniform category "HMO, PHP, etc." (PAY2_N = 5)includes the source payer "HMO/Managed Care."

Title V

Tennessee does not separately classify Title V (PAY2_N = 8). No documentation was available about which payer type(s) were used for Title V.

Other Government

The source categories "Managed Assistance," "County or State Employee," and "Division of Health Services (Vocational Rehabilitation)" are included in the HCUP-3 category "Other Government" (PAY2_N = 11).

PAY2_N   I:Secondary expected payer, nonuniform

---- Washington ----

Washington does not separately classify CHAMPUS and CHAMPVA payers (PAY2_N = 10). According to the documentation available from the state, CHAMPUS and CHAMPVA are categorized as "other sponsored patients," which are included in the HCUP-3 category "Other" (PAY2_N = 12).

Washington does not separately classify Blue Cross payers (PAY2_N
= 3). The source category "Health Care Service Contractors" includes a mix of Blue Cross, County Medical Bureaus, Washington Physicians Service, and other commercial payers. This source value was recoded into the non-uniform category "Other" (PAY2_N = 12).

---- Wisconsin ----

Wisconsin does not separately classify:
-          No Charge (PAY2_N = 7), or
-          Title V (PAY2_N = 8).
No documentation was available about which payer type(s) were used for Title V and No charge.

PCCHPR1   I:CCHPR: principal procedure

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
.	No procedure code*	2,300,066	2,272,627	2,317,565	2,359,271	2,345,492	2,545,138	2,516,014
.A	Invalid procedure code*	491	2,810	1,699	1,865	438	1,273	2,032
CCHPR	Nonmissing CCHPR for procedure	3,967,958	3,880,751	3,876,480	4,177,840	4,039,081	4,168,524	4,024,023

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
.	No procedure code*	36.69	36.92	37.41	36.08	36.73	37.90	38.46
.A	Invalid procedure code*	0.01	0.05	0.03	0.03	0.01	0.02	0.03
CCHPR	Nonmissing CCHPR for procedure	63.30	63.03	62.56	63.89	63.26	62.08	61.51

PCCHPR1   I:CCHPR: principal procedure

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*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

Clinical Classification for Health Policy Research (CCHPR), version 2 consists of 231 procedure categories. Version 2 is based on ICD-9-CM codes that are valid for 1988 through 1996. All codes in the procedure section are classified.

PCCHPR1 is coded as follows:
- PCCHPR1 ranges from 1 to 231 if the procedure code (PR1) is valid by the HCUP-3 criteria, which allows a six-month window (three months before and three months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes.
- PCCHPR1 is set to invalid (.A), if the procedure code (PR1) is invalid (PRV1 = 1).
- PCCHPR1 is missing (.), if there is no procedure code
  (PR1 = " ").

PCCHPR1 is retained (values 1-231) when a valid procedure is flagged as inconsistent with age or sex (PRV1 = .C). For best results, use PCCHPR1 only when the procedure is valid and consistent (PRV1 = 0).

Labels

Labels for CCHPR categories are provided as an ASCII file in NIS tools.

Formats

Formats for CCHPR categories are provided in NIS tools.

A format is also available to map CCHPR codes into a few broad classes of conditions based on ICD-9-CM chapters. These formats are also provided in NIS tools.

PR1   I:Principal procedure

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	2,300,066	2,272,627	2,317,565	2,359,271	2,345,492	2,545,138	2,516,014
Char 4	Nonmissing procedure code	3,968,449	3,883,561	3,878,179	4,179,705	4,039,519	4,169,797	4,026,055

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	36.69	36.92	37.41	36.08	36.73	37.90	38.46
Char 4	Nonmissing procedure code	63.31	63.08	62.59	63.92	63.27	62.10	61.54

PR1   I:Principal procedure

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

The original value of the principal procedure (PR1), whether blank or coded, is retained; secondary procedures are never shifted into the principal position during HCUP-3 data processing.

Invalid and inconsistent procedures (PRn) are retained on the record. Use the validity flags (PRVn) in connection with any analysis of the procedures (PRn).

Procedures are compared to a list of ICD-9-CM codes valid for the discharge date. Anticipation of or lags in response to official ICD-9-CM coding changes are permitted for discharges occurring within six months of (three months before and three months after) the official ICD-9-CM coding changes (usually October 1). For example, the code for Bone Marrow Transplant changed from "410 " to "4100" as of October 1, 1988. Under HCUP-3 validation procedures, "410 " is classified as valid for discharges as late as December 31, 1988, and "4100" is classified as valid for discharges as early as July 1, 1988.

Valid and invalid values are retained; null values are set to blank. The following are examples of invalid procedure codes that remain unchanged but are flagged as invalid:

- Garbage   "x3yz"
- Not left-justified   " nnn"
- Intermittent blanks   "nn n"
- Zero filled   "0000"

Invalid procedures are flagged as follows:
- The value of PRn is unchanged,
- PRVn is set to 1, and
- PCCHPRn is set to invalid (.A).

Procedures that are inconsistent with sex coded on the record (ED201-ED2nn) or the patient's age (ED501-ED5nn) are flagged as follows:
- The value of PRn is unchanged,
- PRVn is set to inconsistent (.C), and

PR1   I:Principal procedure

-        PCCHPRn is retained (values 1-231).

Additional Notes Specific To NIS:

---- Arizona ----

For 1988-1992, the procedure codes provided by Arizona were right-padded with zeros (e.g., the procedure code '403 ' was supplied as '4030'). The following algorithm was used during HCUP-3 processing to validate the procedure codes:

Check four-digit code for validity (using a six-month window for coding changes, 3 months before and 3 months after October of each year when ICD-9-CM coding changes occur).

1)   If four-digit code is valid, set PR1 to the four-digit code and set PRV1 = 0.

2)   If the four-digit code is invalid and fourth digit is a zero, create a three-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If the three-digit code is valid, set PR1 to the three-digit code and set PRV1 = 0.

3)   If both the four-digit and three-digit codes are invalid, save the original four-digit code PR1 and set the validity flag to indicate an invalid code (PRV1 = 1).

Beginning in 1993, Arizona procedure codes were not right-padded with zeros.

Arizona reported procedure codes with an explicit decimal point. The decimal point was removed during HCUP-3 processing.

---- California ----

Shriner's hospitals do not report diagnoses, procedures or total charges.

PR1   I:Principal procedure

---- Florida ----

In 1992 only, the hospitals identified below have erroneous procedure information when a patient had more than one operative episode during a stay. The first operative episode, which can be defined by one or more procedure codes, is correctly reported. The procedure codes for any subsequent operative episodes were not reported. The following hospitals, identified by the HCUP-3 hospital identifier (HOSPID), are affected:

HOSPID
390530
390170
391000
390067
390622
390870
390060
391060
390727
390515
390034

---- Illinois ----

Illinois supplied procedure codes in a field of length 5. Only the first four characters of five contained the procedure code and were used to assign the HCUP-3 procedure codes.

---- Maryland ----

Maryland supplied procedure codes in a field of length 5. Only the first four characters contained in the left-justified source field were used to assign the HCUP-3 procedure codes.

PR1   I:Principal procedure

---- Massachusetts ----

Due to an error in HCUP-3 processing, the procedure verification table for 1988-1992 incorrectly accepted some codes as valid, one year beyond the date when these codes were deleted or superseded by more detailed codes. With the three-month grace period built into the processor, these codes were mistakenly accepted for one full year beyond the year in which they became invalid.

Examination of frequencies from the HCUP-3 Massachusetts files found a small number of records were affected. The procedures not flagged as invalid procedure codes (PRVn = 1) are:

PROC	YR
9971	88
9972	88
9974	88
9975	88
9978	88
9979	88
432	90
493	90
5996	90
8141	90
8187	90
8899	90

Beginning in 1993, procedures were validated correctly.

---- New Jersey ----

Before 1994, the procedure codes provided by the state were right-padded with zeros (e.g., the procedure code '403' was supplied as '4030'). For the HCUP-3 database the following algorithm was used to validate the procedure codes:

PR1   I:Principal procedure

Check the four-digit code for validity (using a six-month window for coding changes, 3 months before and 3 months after October of each year when ICD-9-CM coding changes occur).

1)   If the four-digit code is valid, set PRn to the four-digit code and set PRVn = 0.

2)   If the four-digit code is invalid and the fourth digit is a zero**, create a three-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If valid, set PRn to the three-digit code and set PRVn = 0.

3)   If both the four-digit and the three-digit codes are invalid, save the original four-digit code PRn and set the validity flag to indicate an invalid code (PRVn = 1).

        In 1993 only
        Due to an error in HCUP-3 processing, the invalid three-digit code was saved in PRn instead of the invalid four-digit code.

**   In 1993 only
        An error in HCUP-3 processing caused invalid four-digit codes that ended in non-zeros, as well as zeros, to be processed by the above algorithm. If deleting the rightmost non-zero digit created a valid code, then
        -        PRn was set to the stripped valid code,
        -        PRVn was set 0 to indicate a valid code,
        -        PCCHPR was set based on the stripped valid code, and
        -        DRG, MDC, DRG10, MDC10, NEOMAT and edit check variables ED100, ED2nn, and ED5nn may have been incorrectly assigned based on the stripped valid code.

---- Oregon ----

Oregon supplied procedure codes in a field of length 7. Only the first four characters contained the procedure code and were used to assign the HCUP-3 procedure codes.

PR1   I:Principal procedure
_____

---- Pennsylvania ----

Beginning in 1995, Pennsylvania reports ICD-9-CM procedure codes on most of their discharges, but some use CPT and HCPCS procedure codes.

HCUP-3 processed the Pennsylvania procedure codes as follows.

1)   PRSYS which identifies the procedure coding system was assigned based on the value reported by the data source.

2)   NPR is the number of non-missing procedure codes supplied by Pennsylvania, regardless of coding system.

3)   How HCUP-3 processing handles the procedure codes depends on the coding system.

-        ICD-9-CM procedure codes (PRSYS = 1) are retained as supplied by the data source in the PRn variables and validated. Results from the validation are indicated by the PRVn variables. No changes are made to the procedure codes.

-        CPT or HCPCS procedure codes (PRSYS = 2 or 3) are set to missing (PRn = blank). CPT and HCPCS procedure codes could not be retained in the HCUP-3 data because they are 5 characters, and the HCUP-3 procedure fields are 4 characters in length.

-        If the procedure coding system was invalid (PRSYS = .A) or missing (PRSYS = .), then the procedures are handled like ICD-9-CM procedure codes. Any non-missing procedure codes are retained in the PRn variables and validated. Results from the validation are indicated by the PRVn variables. Source documentation indicates that missing values for PRSYS are only allowed when no procedures are coded.

Warning: If a CPT or HCPCS procedure code was reported on a discharge in which the procedure coding system was missing, or invalid, or indicated as ICD-9-CM, then only the first four characters of the five-digit code would be retained in the PRn variable.

The number of discharges for which the procedure coding system indicates that the procedures are CPT or HCPCS (PRSYS = 2 or 3) follows.

- NIS, Release 4 (1995 data) has no records.
- NIS, Release 5 (1996 data) has 1,711 records.

Prior to 1995, CPT and HCPCS procedure codes were not included in the Pennsylvania data.

PR1   I:Principal procedure

---- Washington ----

Washington supplied procedure codes in a field of length 5. Only the first four characters of five contained the procedure code and were used to assign the HCUP-3 procedure code.

---- Wisconsin ----

To comply with statutory requirements, Wisconsin modified diagnosis and procedure codes that explicitly referenced induced termination of pregnancy to eliminate distinctions between induced and spontaneous termination. The following codes were modified:
- Diagnoses with the first three digit of 634, 635, 636, 637, 638 were recoded to 637, while retaining the reported fourth digit,
- Procedure 6901 was changed to 6902,
- Procedure 6951 was changed to 6952,
- Procedure 6993 was changed to 6999,
- Procedure 7491 was changed to 7499,
- Procedure 750 was changed to 7599, and
- Procedures 9641-9649 were changed to 964 (which would be flagged as invalid, PRV=1).

PR2   I:Procedure 2

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	4,084,704	3,975,692	4,029,891	4,120,157	4,053,620	4,328,368	4,240,894
Char 4	Procedure code	2,183,811	2,180,496	2,165,853	2,418,819	2,331,391	2,386,567	2,301,175

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	65.16	64.58	65.04	63.01	63.49	64.46	64.82
Char 4	Procedure code	34.84	35.42	34.96	36.99	36.51	35.54	35.18

PR3   I:Procedure 3

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	5,056,687	4,929,225	4,970,068	5,128,171	5,042,057	5,340,731	5,224,937
Char 4	Procedure code	1,211,828	1,226,963	1,225,676	1,410,805	1,342,954	1,374,204	1,317,132

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	80.67	80.07	80.22	78.42	78.97	79.54	79.87
Char 4	Procedure code	19.33	19.93	19.78	21.58	21.03	20.46	20.13

PR4   I:Procedure 4

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	6,015,832	5,902,476	5,794,385	5,934,795	5,726,036	5,973,348	5,831,981
Char 4	Procedure code	252,683	253,712	401,359	604,181	658,975	741,587	710,088

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	95.97	95.88	93.52	90.76	89.68	88.96	89.15
Char 4	Procedure code	4.03	4.12	6.48	9.24	10.32	11.04	10.85

PR5   I:Procedure 5

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	6,128,339	6,016,095	5,976,339	6,198,737	6,010,623	6,290,790	6,129,439
Char 4	Procedure code	140,176	140,093	219,405	340,239	374,388	424,145	412,630

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	97.76	97.72	96.46	94.80	94.14	93.68	93.69
Char 4	Procedure code	2.24	2.28	3.54	5.20	5.86	6.32	6.31

PR6   I:Procedure 6

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	6,194,190	6,080,642	6,070,511	6,342,781	6,158,368	6,460,145	6,296,218
Char 4	Procedure code	74,325	75,546	125,233	196,195	226,643	254,790	245,851

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	98.81	98.77	97.98	97.00	96.45	96.21	96.24
Char 4	Procedure code	1.19	1.23	2.02	3.00	3.55	3.79	3.76

PR7   I:Procedure 7

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	6,219,354	6,105,835	6,116,640	6,447,231	6,272,047	6,604,535	6,439,635
Char 4	Procedure code	49,161	50,353	79,104	91,745	112,964	110,400	102,434

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	99.22	99.18	98.72	98.60	98.23	98.36	98.43
Char 4	Procedure code	0.78	0.82	1.28	1.40	1.77	1.64	1.57

PR8   I:Procedure 8

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	6,234,772	6,121,167	6,141,873	6,477,608	6,309,972	6,640,931	6,474,776
Char 4	Procedure code	33,743	35,021	53,871	61,368	75,039	74,004	67,293

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	99.46	99.43	99.13	99.06	98.82	98.90	98.97
Char 4	Procedure code	0.54	0.57	0.87	0.94	1.18	1.10	1.03

PR9   I:Procedure 9

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	6,251,442	6,136,722	6,163,373	6,499,504	6,337,570	6,667,049	6,498,969
Char 4	Procedure code	17,073	19,466	32,371	39,472	47,441	47,886	43,100

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	99.73	99.68	99.48	99.40	99.26	99.29	99.34
Char 4	Procedure code	0.27	0.32	0.52	0.60	0.74	0.71	0.66

PR10   I:Procedure 10

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	6,256,229	6,142,167	6,172,754	6,511,337	6,352,051	6,682,231	6,512,609
Char 4	Procedure code	12,286	14,021	22,990	27,639	32,960	32,704	29,460

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	99.80	99.77	99.63	99.58	99.48	99.51	99.55
Char 4	Procedure code	0.20	0.23	0.37	0.42	0.52	0.49	0.45

PR11   I:Procedure 11

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	6,261,330	6,148,094	6,186,925	6,528,597	6,370,774	6,699,781	6,528,344
Char 4	Procedure code	7,185	8,094	8,819	10,379	14,237	15,154	13,725

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	99.89	99.87	99.86	99.84	99.78	99.77	99.79
Char 4	Procedure code	0.11	0.13	0.14	0.16	0.22	0.23	0.21

PR12   I:Procedure 12

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	6,263,167	6,150,179	6,189,201	6,531,141	6,374,723	6,703,960	6,531,921
Char 4	Procedure code	5,348	6,009	6,543	7,835	10,288	10,975	10,148

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	99.91	99.90	99.89	99.88	99.84	99.84	99.84
Char 4	Procedure code	0.09	0.10	0.11	0.12	0.16	0.16	0.16

PR13   I:Procedure 13

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	6,264,583	6,151,787	6,190,944	6,533,031	6,377,915	6,707,414	6,534,899
Char 4	Procedure code	3,932	4,401	4,800	5,945	7,096	7,521	7,170

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
Blank	Missing*	99.94	99.93	99.92	99.91	99.89	99.89	99.89
Char 4	Procedure code	0.06	0.07	0.08	0.09	0.11	0.11	0.11

PR14   I:Procedure 14

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	6,265,615	6,152,934	6,192,172	6,534,456	6,379,720	6,709,255	6,536,769
Char 4	Procedure code	2,900	3,254	3,572	4,520	5,291	5,680	5,300

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	99.95	99.95	99.94	99.93	99.92	99.92	99.92
Char 4	Procedure code	0.05	0.05	0.06	0.07	0.08	0.08	0.08

PR15   I:Procedure 15

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	6,266,458	6,153,889	6,193,141	6,535,796	6,381,162	6,710,752	6,538,254
Char 4	Procedure code	2,057	2,299	2,603	3,180	3,849	4,183	3,815

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	99.97	99.96	99.96	99.95	99.94	99.94	99.94
Char 4	Procedure code	0.03	0.04	0.04	0.05	0.06	0.06	0.06

PRn   I:Procedure 2-15

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*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

The vector of secondary procedures (PR2-PRn) is packed so that no blanks appear within the vector; the order of the procedures as supplied by the data source is retained.

Invalid and inconsistent procedures (PRn) are retained on the record. Use the validity flags (PRVn) in connection with any analysis of the procedures (PRn).

Procedures are compared to a list of ICD-9-CM codes valid for the discharge date. Anticipation of or lags in response to official ICD-9-CM coding changes are permitted for discharges occurring within six months of (three months before and three months after) the official ICD-9-CM coding changes (usually October 1). For example, the code for Bone Marrow Transplant changed from "410 " to "4100" as of October 1, 1988. Under HCUP-3 validation procedures, "410 " is classified as valid for discharges as late as December 31, 1988, and "4100" is classified as valid for discharges as early as July 1, 1988.

Valid and invalid values are retained; null values are set to blank. The following are examples of invalid procedure codes that remain unchanged but are flagged as invalid:

-     Garbage   "x3yz"
-     Not left-justified   " nnn"
-     Intermittent blanks   "nn n"
-     Zero filled   "0000"

Invalid procedures are flagged as follows:
-     The value of PRn is unchanged,
-     PRVn is set to 1, and
-     PCCHPRn is set to invalid (.A).

Procedures that are inconsistent with sex coded on the record (ED202-ED2nn) or the patient's age (ED502-ED5nn) are flagged as follows:
-     The value of PRn is unchanged,
-     PRVn is set to inconsistent (.C), and

PRn   I:Procedure 2-15

-          PCCHPRn is retained (values 1-231).

Additional Notes Specific To NIS:

---- Arizona ----

For 1988-1992, the procedure codes provided by Arizona were right-padded with zeros (e.g., the procedure code '403 ' was supplied as '4030'). The following algorithm was used during HCUP-3 processing to validate the procedure codes:

Check four-digit code for validity (using a six-month window for coding changes, 3 months before and 3 months after October of each year when ICD-9-CM coding changes occur).

1)   If four-digit code is valid, set PR1 to the four-digit code and set PRV1 = 0.

2)   If the four-digit code is invalid and fourth digit is a zero, create a three-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If the three-digit code is valid, set PR1 to the three-digit code and set PRV1 = 0.

3)   If both the four-digit and three-digit codes are invalid, save the original four-digit code PR1 and set the validity flag to indicate an invalid code (PRV1 = 1).

Beginning in 1993, Arizona procedure codes were not right-padded with zeros.

Arizona reported procedure codes with an explicit decimal point. The decimal point was removed during HCUP-3 processing.

---- California ----

Shriner's hospitals do not report diagnoses, procedures or total charges.

---- Florida ----

In 1992 only, the hospitals identified below have erroneous procedure information when a patient had more than one operative episode during a stay. The first operative episode, which can be defined by one or more procedure codes, is correctly reported. The procedure codes for any subsequent operative episodes were not reported. The following hospitals, identified by the HCUP-3 hospital identifier (HOSPID), are affected:

HOSPID
390530
390170
391000
390067
390622
390870
390060
391060
390727
390515
390034

---- Illinois ----

Illinois supplied procedure codes in a field of length 5. Only the first four characters of five contained the procedure code and were used to assign the HCUP-3 procedure codes.

---- Maryland ----

Maryland supplied procedure codes in a field of length 5. Only the first four characters contained in the left-justified source field were used to assign the HCUP-3 procedure codes.

PRn   I:Procedure 2-15

---- Massachusetts ----

Due to an error in HCUP-3 processing, the procedure verification table for 1988-1992 incorrectly accepted some codes as valid, one year beyond the date when these codes were deleted or superseded by more detailed codes. With the three-month grace period built into the processor, these codes were mistakenly accepted for one full year beyond the year in which they became invalid.

Examination of frequencies from the HCUP-3 Massachusetts files found a small number of records were affected. The procedures not flagged as invalid procedure codes (PRVn = 1) are:

PROC	YR
9971	88
9972	88
9974	88
9975	88
9978	88
9979	88
432	90
493	90
5996	90
8141	90
8187	90
8899	90

Beginning in 1993, procedures were validated correctly.

---- New Jersey ----

Before 1994, the procedure codes provided by the state were right-padded with zeros (e.g., the procedure code '403' was supplied as '4030'). For the HCUP-3 database the following algorithm was used to validate the procedure codes:

PRn   I:Procedure 2-15

Check the four-digit code for validity (using a six-month window for coding changes, 3 months before and 3 months after October of each year when ICD-9-CM coding changes occur).

1)   If the four-digit code is valid, set PRn to the four-digit code and set PRVn = 0.

2)   If the four-digit code is invalid and the fourth digit is a zero**, create a three-digit code by deleting the trailing zero and re-check for validity (using six-month window for coding changes). If valid, set PRn to the three-digit code and set PRVn = 0.

3)   If both the four-digit and the three-digit codes are invalid, save the original four-digit code PRn and set the validity flag to indicate an invalid code (PRVn = 1).

       In 1993 only
       Due to an error in HCUP-3 processing, the invalid three-digit code was saved in PRn instead of the invalid four-digit code.

**   In 1993 only
       An error in HCUP-3 processing caused invalid four-digit codes that ended in non-zeros, as well as zeros, to be processed by the above algorithm. If deleting the rightmost non-zero digit created a valid code, then
       -       PRn was set to the stripped valid code,
       -       PRVn was set 0 to indicate a valid code,
       -       PCCHPR was set based on the stripped valid code, and
       -       DRG, MDC, DRG10, MDC10, NEOMAT and edit check variables ED100, ED2nn, and ED5nn may have been incorrectly assigned based on the stripped valid code.

---- Oregon ----

Oregon supplied procedure codes in a field of length 7. Only the first four characters contained the procedure code and were used to assign the HCUP-3 procedure codes.

---- Pennsylvania ----

Beginning in 1995, Pennsylvania reports ICD-9-CM procedure codes on most of their discharges, but some use CPT and HCPCS procedure codes.

HCUP-3 processed the Pennsylvania procedure codes as follows.

1)   PRSYS which identifies the procedure coding system was assigned based on the value reported by the data source.

2)   NPR is the number of non-missing procedure codes supplied by Pennsylvania, regardless of coding system.

3)   How HCUP-3 processing handles the procedure codes depends on the coding system.

-       ICD-9-CM procedure codes (PRSYS = 1) are retained as supplied by the data source in the PRn variables and validated. Results from the validation are indicated by the PRVn variables. No changes are made to the procedure codes.

-       CPT or HCPCS procedure codes (PRSYS = 2 or 3) are set to missing (PRn = blank). CPT and HCPCS procedure codes could not be retained in the HCUP-3 data because they are 5 characters, and the HCUP-3 procedure fields are 4 characters in length.

-       If the procedure coding system was invalid (PRSYS = .A) or missing (PRSYS = .), then the procedures are handled like ICD-9-CM procedure codes. Any non-missing procedure codes are retained in the PRn variables and validated. Results from the validation are indicated by the PRVn variables. Source documentation indicates that missing values for PRSYS are only allowed when no procedures are coded.

Warning: If a CPT or HCPCS procedure code was reported on a discharge in which the procedure coding system was missing, or invalid, or indicated as ICD-9-CM, then only the first four characters of the five-digit code would be retained in the PRn variable.

The number of discharges for which the procedure coding system indicates that the procedures are CPT or HCPCS (PRSYS = 2 or 3) follows.

- NIS, Release 4 (1995 data) has no records.
- NIS, Release 5 (1996 data) has 1,711 records.

PRn   I:Procedure 2-15

Prior to 1995, CPT and HCPCS procedure codes were not included in the Pennsylvania data.

---- Washington ----

Washington supplied procedure codes in a field of length 5. Only the first four characters of five contained the procedure code and were used to assign the HCUP-3 procedure code.

---- Wisconsin ----

To comply with statutory requirements, Wisconsin modified diagnosis and procedure codes that explicitly referenced induced termination of pregnancy to eliminate distinctions between induced and spontaneous termination. The following codes were modified:
-        Diagnoses with the first three digit of 634, 635, 636, 637, 638 were recoded to 637, while retaining the reported fourth digit,
-        Procedure 6901 was changed to 6902,
-        Procedure 6951 was changed to 6952,
-        Procedure 6993 was changed to 6999,
-        Procedure 7491 was changed to 7499,
-        Procedure 750 was changed to 7599, and
-        Procedures 9641-9649 were changed to 964 (which would be flagged as invalid, PRV=1).

PRDAY1   I:No. of days from admission to PR1

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
.	Missing*	1,880,011	1,841,726	1,890,683	1,949,397	1,875,978	2,237,005	2,229,394
.A	Invalid*	0	0	0	0	0	0	0
.B	Unavailable from source*	1,262,875	1,272,621	1,232,694	1,160,827	1,119,839	860,023	844,315
.C	Inconsistent*	605	2,382	127,764	6,905	94,855	53,568	2,087
Days	Nonmissing day of procedure	3,125,024	3,039,459	2,944,603	3,421,847	3,294,339	3,564,339	3,466,273

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
.	Missing*	29.99	29.92	30.52	29.81	29.38	33.31	34.08
.A	Invalid*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.B	Unavailable from source*	20.15	20.67	19.90	17.75	17.54	12.81	12.91
.C	Inconsistent*	0.01	0.04	2.06	0.11	1.49	0.80	0.03
Days	Nonmissing day of procedure	49.85	49.37	47.53	52.33	51.59	53.08	52.98

PRDAY1   I:No. of days from admission to PR1

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General HCUP-3 Coding Notes:

The day on which the principal procedure is performed (PRDAY1) is calculated from the procedure date (PRDATE) and the admission date (ADATE) with the following exceptions:

-          PRDAY1 is set to the supplied day of principal procedure if the procedure day cannot be calculated (ADATE and/or PRDATE is missing or invalid). Note: the supplied day of procedure is used only if it distinguishes between a procedure performed on the first day (procedure day = 0) and no procedure day (procedure day is missing).

-          PRDAY1 is missing (.) if the procedure day cannot be calculated and the supplied procedure day is missing.

-          PRDAY1 is invalid (.A) if the procedure day cannot be calculated and the supplied procedure day is non-numeric.

-          PRDAY1 is set to inconsistent (.C) by two edit checks ED701 and ED801. Both are described below.

-          PRDAY1 is unavailable from the data source (.B) if the data source does not supply either
                    -          admission date (ADATE) and procedure date (PRDATE1), or
                    -          day of principal procedure.

<u>Edit Checks</u>

ED701 sets PRDAY1 to inconsistent (.C) if no principal procedure is coded (PR1 = " ") and there is a non-missing day of procedure.

ED801 sets PRDAY1 to inconsistent (.C) if the procedure day occurred outside of stay. PRDAY must be

          Lower bound < = PRDAY < = Upper bound.

The LOWER BOUND, which ranges from -4 to 0, allows for preadmission procedures, which are often bundled into the hospital stay for reimbursement, up to four days

PRDAY1   I:No. of days from admission to PR1

prior to the hospital admission. A value of -4 is used unless the data source documentation indicates that negative values are invalid. Even then, if a large number of discharges have negative values in the initial data investigations, the accuracy of the data documentation is verified with the data source.

The UPPER BOUND depends on LOS which has been edited only to verify that it is non-negative. (Note: Editing of LOS for other types of questionable values is performed after the upper bound for PRDAY is set. Thus, in some instances PRDAY is validated using an upper bound that is later found to be questionable.)

-        If LOS is a valid non-negative value, then the upper bound is LOS + 1.

-        Otherwise, the upper bound is the maximum value allowed during HCUP-3 processing (32,767).

<u>Availability of Day of Procedure</u>

Some sources do not require procedure dates/days for minor or diagnostic procedures which are considered UHDDS class 3 and class 4 procedures. The UHDDS system grouped ICD-9-CM procedure codes into four classes differentiated by impact on either the well-being of the patient or on the health care system. The criteria used to classify procedures included procedural risk, anesthetic risk, and the need for highly trained personnel, special facilities or special equipment. The classes are:
-        Class 1:   Surgical
-        Class 2:   Significant procedure (date required)
-        Class 3:   Significant procedure (date not required)
-        Class 4:   Minor procedures not normally coded on inpatient data.

Additional Notes Specific To NIS:

---- Arizona ----

Beginning in 1995, only the calculated day of procedure could be used to assign PRDAY because Arizona did not supply the day of procedure. Prior to 1995, no procedure dates or days were reported.

PRDAY1   I:No. of days from admission to PR1

---- California ----

The supplied day of procedure was not used when PRDAY could not be calculated because California used the same value to indicate no procedure performed and procedure performed on the day of admission.

---- Colorado ----

Only the calculated day of principal procedure could be used to assign PRDAY1 because Colorado Hospital Association did not supply principal procedure day.

---- Connecticut ----

Procedures performed up to 72 hours before admission are reported as zero (0) days.

---- Florida ----

For 1988-1992, PRDAY1 is assigned from the supplied day of procedure. Florida did not supply the procedure date. A missing value (.) was assigned from either of the following values supplied by the data source: 998 an indicator that the number of days to procedure is greater than or equal to 998 days; and 999 an indicator of unable-to-compute days, or that no procedure was performed.

Starting in 1993, Florida used zeros to code both missing values and a procedure performed on the day of admission. During HCUP-3 processing, PRDAY1 was set to missing (.) if
-          the reported procedure day = 0, and
-          no principal procedure was reported.

---- Massachusetts ----

The supplied day of procedure was not used when PRDAY could not be calculated because Massachusetts used the same value to indicate no procedure performed and procedure performed on the day of admission.

PRDAY1   I:No. of days from admission to PR1

---- Missouri ----

Only the calculated day of procedure could be used to assign PRDAY because Missouri did not supply the day of procedure.

---- New Jersey ----

Only the calculated day of procedure could be used to assign PRDAY because New Jersey did not supply the day of procedure.

---- New York ----

PRDAYn not be calculated because New York did not report full admission and procedure dates. During HCUP-3 processing, only the reported procedure day could be used to assign PRDAYn.

For 1988-1992, the source miscalculated procedure days for records with admission dates in the year prior to discharge, resulting in procedure days that were not during the stay. These records failed the appropriate edit check.

Beginning in 1993, the source correctly calculated procedure days for all procedures.

---- Oregon ----

Only the calculated day of procedure could be used to assign PRDAYn because Oregon did not supply principal days.

---- Pennsylvania ----

In 1992, Pennsylvania data contained many out-of-range procedure days due to a processing error at the state data organization. As a rule in HCUP-3 processing, records that contain procedure days not during the stay are flagged by an edit check and the procedure day (PRDAYn) is set to inconsistent (.C).

PRDAY1   I:No. of days from admission to PR1

In 1994, principal procedure days could not be calculated for all patients admitted prior to January 1, 1994 because the source did not report a valid principal procedure date for these patients. Procedure days were calculated correctly for secondary procedures.

In 1995, the data source arbitrarily set the year of procedure date equal to the discharge year. This results in a number of out-of-range procedure days. Records that contain procedure days not during the stay are flagged by an edit check and the procedure data and day are set to inconsistent (.C).

Also in 1995, a data processing error in the source data resulted in a number of records with procedure dates without matching procedures. These records are flagged by an edit check during HCUP-3 processing.

By 1996, all major problems with procedure dates were resolved.

---- South Carolina ----

Only the calculated day of procedure could be used to assign PRDAYn because South Carolina did not supply the day of procedure.

---- Tennessee ----

Only the calculated day of procedure could be used to assign PRDAYn because Tennessee did not supply the day of procedure.

---- Wisconsin ----

Principal procedure day is only required for major procedures (defined below). Procedure days are set to missing for all other cases.

Major procedures are defined as Class 1 or 2 procedures. The UHDDS system grouped ICD-9-CM procedure codes into four classes differentiated by impact on either the well-being of the patient or on the health care system. The criteria used to classify procedures included procedural risk, anesthetic risk, and the need for highly trained personnel, special facilities or special equipment. The classes are:
- Class 1: Surgical
- Class 2: Significant procedure (date required)

PRDAY1   I:No. of days from admission to PR1

- Class 3: Significant procedure (date not required)
- Class 4: Minor procedures not normally coded on inpatient
       data.

PROCESS   I:HCUP-3 discharge processing ID number

Minimum						
1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
90040000001	91040000303	92040000322	93040002349	94040009686	95040000001	96040002309

Maximum						
1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
90555672987	91555661398	92555648135	93550636758	94550625404	95550622933	96550613199

PROCESS   I:HCUP-3 discharge processing ID number

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General HCUP-3 Coding Notes:

Processing number (PROCESS) is coded YYSSnnnnnnn, where:

      YY = discharge year,

      SS = state FIPS code, and

      nnnnnnn = a 7-digit sequence number.

PROCESS is assigned to each discharge record in the earliest stage of HCUP-3 processing, so that it can be used to track records throughout production.

PROCESS is kept on delivered files to facilitate the tracking of specific discharges back to the original raw data, should that be necessary.

PRSYS   I:Procedure coding system

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
1	ICD-9-CM	6,268,515	6,156,188	6,195,744	6,538,976	6,385,011	6,647,233	6,474,188
2	CPT-4	0	0	0	0	0	0	0
3	HCPCS/CPT-4	0	0	0	0	0	0	1,711
.	Missing*	0	0	0	0	0	67,702	66,170
.A	Invalid*	0	0	0	0	0	0	0

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
1	ICD-9-CM	100.00	100.00	100.00	100.00	100.00	98.99	98.96
2	CPT-4	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3	HCPCS/CPT-4	0.00	0.00	0.00	0.00	0.00	0.00	0.03
.	Missing*	0.00	0.00	0.00	0.00	0.00	1.01	1.01
.A	Invalid*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PRSYS I:Procedure coding system

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*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

PRSYS indicates the coding system for the procedures:

-        Almost all HCUP-3 inpatient stays use ICD-9-CM procedure codes (PRSYS = 1).

-        If Physicians' Current Procedural Terminology (CPT) or HCFA Common Procedure Coding System (HCPCS) procedure codes are indicated (PRSYS = 2 or 3), then the procedure codes are set to missing (PRn = blank). CPT and HCPCS procedure codes could not be retained in the HCUP-3 data because they are 5 characters, and the HCUP-3 procedure fields are 4 characters in length.

-        If the procedure coding system was not specified by the data source, then PRSYS is missing (PRSYS = .).

Additional Notes Specific To NIS:

---- Pennsylvania ----

Beginning in 1995, Pennsylvania reports ICD-9-CM procedure codes on most of their discharges, but some use CPT and HCPCS procedure codes. PRSYS which identifies the procedure coding system was assigned based on the value reported by the data source.

The number of discharges for which the procedure coding system indicates that the procedures are CPT or HCPCS (PRSYS = 2 or 3) follows.

- NIS, Release 4 (1995 data) has no records.
- NIS, Release 5 (1996 data) has 1,711 records.

Prior to 1995, CPT and HCPCS procedure codes were not included in the Pennsylvania data.

PRV1   I:Validity flag: principal procedure

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	3,967,606	3,880,500	3,876,089	4,177,292	4,038,813	4,168,299	4,023,810
1	Invalid code	491	2,810	1,699	1,865	438	1,273	2,032
.	No procedure code*	2,300,066	2,272,627	2,317,565	2,359,271	2,345,492	2,545,138	2,516,014
.C	Inconsistent*	352	251	391	548	268	225	213

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	63.29	63.03	62.56	63.88	63.25	62.08	61.51
1	Invalid code	0.01	0.05	0.03	0.03	0.01	0.02	0.03
.	No procedure code*	36.69	36.92	37.41	36.08	36.73	37.90	38.46
.C	Inconsistent*	0.01	0.00	0.01	0.01	0.00	0.00	0.00

PRV1   I:Validity flag: principal procedure

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

PRVn are validity flags that identify invalid or inconsistent procedures in the variables PRn. There is one validity flag for each procedure, i.e., PRV1 is the validity flag for PR1.

The following are acceptable values for PRVn:

0   indicates a valid and consistent procedure code.

1   indicates an invalid code for the discharge date. A six-month window around the discharge date (three months before and three months after) is allowed for anticipation of or lags in response to official ICD-9-CM coding changes.

.   indicates a missing (blank) procedure code.

.C   indicates that the code is inconsistent with other data (i.e., age or sex) on the discharge abstract. See Technical Supplement on "Quality Control in HCUP-3 Data Processing" for more information.

PRV2   I:Validity flag: procedure 2

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	2,183,139	2,178,142	2,164,902	2,417,563	2,329,372	2,384,679	2,299,638
1	Invalid code	513	2,236	829	1,036	1,823	1,791	1,395
.	Missing*	4,084,704	3,975,692	4,029,891	4,120,157	4,053,620	4,328,368	4,240,894
.C	Inconsistent*	159	118	122	220	196	97	142

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	34.83	35.38	34.94	36.97	36.48	35.51	35.15
1	Invalid code	0.01	0.04	0.01	0.02	0.03	0.03	0.02
.	Missing*	65.16	64.58	65.04	63.01	63.49	64.46	64.82
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PRV3   I:Validity flag: procedure 3

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	1,209,642	1,225,252	1,224,969	1,409,711	1,342,023	1,372,733	1,315,584
1	Invalid code	2,154	1,686	686	1,010	843	1,425	1,457
.	No procedure code*	5,056,687	4,929,225	4,970,068	5,128,171	5,042,057	5,340,731	5,224,937
.C	Inconsistent*	32	25	21	84	88	46	91

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	19.30	19.90	19.77	21.56	21.02	20.44	20.11
1	Invalid code	0.03	0.03	0.01	0.02	0.01	0.02	0.02
.	No procedure code*	80.67	80.07	80.22	78.42	78.97	79.54	79.87
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PRV4   I:Validity flag: procedure 4

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	252,666	253,708	401,335	603,757	658,684	740,954	709,469
1	Invalid code	6	1	18	413	266	613	599
.	No procedure code*	6,015,832	5,902,476	5,794,385	5,934,795	5,726,036	5,973,348	5,831,981
.C	Inconsistent*	11	3	6	11	25	20	20

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	4.03	4.12	6.48	9.23	10.32	11.03	10.84
1	Invalid code	0.00	0.00	0.00	0.01	0.00	0.01	0.01
.	No procedure code*	95.97	95.88	93.52	90.76	89.68	88.96	89.15
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PRV5   I:Validity flag: procedure 5

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	140,169	140,092	219,387	340,056	374,292	423,776	412,269
1	Invalid code	2	0	16	180	80	338	355
.	No procedure code*	6,128,339	6,016,095	5,976,339	6,198,737	6,010,623	6,290,790	6,129,439
.C	Inconsistent*	5	1	2	3	16	31	6

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	2.24	2.28	3.54	5.20	5.86	6.31	6.30
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.01	0.01
.	No procedure code*	97.76	97.72	96.46	94.80	94.14	93.68	93.69
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PRV6   I:Validity flag: procedure 6

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	74,324	75,546	125,231	196,115	226,598	254,627	245,620
1	Invalid code	1	0	1	80	37	151	224
.	No procedure code*	6,194,190	6,080,642	6,070,511	6,342,781	6,158,368	6,460,145	6,296,218
.C	Inconsistent*	0	0	1	0	8	12	7

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	1.19	1.23	2.02	3.00	3.55	3.79	3.75
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No procedure code*	98.81	98.77	97.98	97.00	96.45	96.21	96.24
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PRV7   I:Validity flag: procedure 7

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	49,157	50,353	79,100	91,695	112,960	110,397	102,425
1	Invalid code	4	0	4	50	4	2	9
.	No procedure code*	6,219,354	6,105,835	6,116,640	6,447,231	6,272,047	6,604,535	6,439,635
.C	Inconsistent*	0	0	0	0	0	1	0

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	0.78	0.82	1.28	1.40	1.77	1.64	1.57
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No procedure code*	99.22	99.18	98.72	98.60	98.23	98.36	98.43
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PRV8   I:Validity flag: procedure 8

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	33,741	35,021	53,867	61,338	75,037	74,001	67,290
1	Invalid code	2	0	4	30	2	3	3
.	No procedure code*	6,234,772	6,121,167	6,141,873	6,477,608	6,309,972	6,640,931	6,474,776
.C	Inconsistent*	0	0	0	0	0	0	0

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	0.54	0.57	0.87	0.94	1.18	1.10	1.03
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No procedure code*	99.46	99.43	99.13	99.06	98.82	98.90	98.97
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PRV9   I:Validity flag: procedure 9

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	17,073	19,465	32,366	39,463	47,440	47,885	43,099
1	Invalid code	0	0	5	9	1	1	1
.	No procedure code*	6,251,442	6,136,722	6,163,373	6,499,504	6,337,570	6,667,049	6,498,969
.C	Inconsistent*	0	1	0	0	0	0	0

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	0.27	0.32	0.52	0.60	0.74	0.71	0.66
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No procedure code*	99.73	99.68	99.48	99.40	99.26	99.29	99.34
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PRV10   I:Validity flag: procedure 10

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	12,286	14,021	22,989	27,639	32,959	32,703	29,459
1	Invalid code	0	0	1	0	1	1	1
.	No procedure code*	6,256,229	6,142,167	6,172,754	6,511,337	6,352,051	6,682,231	6,512,609
.C	Inconsistent*	0	0	0	0	0	0	0

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	0.20	0.23	0.37	0.42	0.52	0.49	0.45
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No procedure code*	99.80	99.77	99.63	99.58	99.48	99.51	99.55
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PRV11   **I:Validity flag: procedure 11**

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	7,185	8,094	8,819	10,379	14,236	15,154	13,725
1	Invalid code	0	0	0	0	1	0	0
.	No procedure code*	6,261,330	6,148,094	6,186,925	6,528,597	6,370,774	6,699,781	6,528,344
.C	Inconsistent*	0	0	0	0	0	0	0

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	0.11	0.13	0.14	0.16	0.22	0.23	0.21
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No procedure code*	99.89	99.87	99.86	99.84	99.78	99.77	99.79
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PRV12   **I:Validity flag: procedure 12**

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	5,348	6,009	6,543	7,835	10,288	10,975	10,148
1	Invalid code	0	0	0	0	0	0	0
.	No procedure code*	6,263,167	6,150,179	6,189,201	6,531,141	6,374,723	6,703,960	6,531,921
.C	Inconsistent*	0	0	0	0	0	0	0

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	0.09	0.10	0.11	0.12	0.16	0.16	0.16
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No procedure code*	99.91	99.90	99.89	99.88	99.84	99.84	99.84
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PRV13   I:Validity flag: procedure 13

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	3,932	4,401	4,799	5,945	7,095	7,521	7,161
1	Invalid code	0	0	1	0	1	0	9
.	No procedure code*	6,264,583	6,151,787	6,190,944	6,533,031	6,377,915	6,707,414	6,534,899
.C	Inconsistent*	0	0	0	0	0	0	0

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
0	Valid code	0.06	0.07	0.08	0.09	0.11	0.11	0.11
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No procedure code*	99.94	99.93	99.92	99.91	99.89	99.89	99.89
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PRV14   **I:Validity flag: procedure 14**

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	2,900	3,254	3,571	4,520	5,290	5,680	5,202
1	Invalid code	0	0	1	0	1	0	97
.	No procedure code*	6,265,615	6,152,934	6,192,172	6,534,456	6,379,720	6,709,255	6,536,769
.C	Inconsistent*	0	0	0	0	0	0	1

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	0.05	0.05	0.06	0.07	0.08	0.08	0.08
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No procedure code*	99.95	99.95	99.94	99.93	99.92	99.92	99.92
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PRV15   I:Validity flag: procedure 15

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	2,057	2,299	2,603	3,180	3,849	4,183	3,809
1	Invalid code	0	0	0	0	0	0	6
.	No procedure code*	6,266,458	6,153,889	6,193,141	6,535,796	6,381,162	6,710,752	6,538,254
.C	Inconsistent*	0	0	0	0	0	0	0

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
0	Valid code	0.03	0.04	0.04	0.05	0.06	0.06	0.06
1	Invalid code	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.	No procedure code*	99.97	99.96	99.96	99.95	99.94	99.94	99.94
.C	Inconsistent*	0.00	0.00	0.00	0.00	0.00	0.00	0.00

PRVn   I:Validity flag: procedure 2-15

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

PRVn are validity flags that identify invalid or inconsistent procedures in the variables PRn. There is one validity flag for each procedure, i.e., PRV2 is the validity flag for PR2.

The following are acceptable values for PRVn:

> 0   indicates a valid and consistent procedure code.

> 1   indicates an invalid code for the discharge date. A six-month window around the discharge date (three months before and three months after) is allowed for anticipation of or lags in response to official ICD-9-CM coding changes.

> .   indicates a missing (blank) procedure code.

> .C   indicates that the code is inconsistent with other data (i.e., age or sex) on the discharge abstract. See Technical Supplement on "Quality Control in HCUP-3 Data Processing" for more information.

RACE   I:Race

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	White	1,747,371	1,995,690	3,237,655	3,700,633	3,643,315	4,008,351	3,860,456
2	Black	202,704	194,855	438,437	695,343	703,492	769,018	745,221
3	Hispanic	292,376	243,048	390,987	400,861	425,888	472,382	480,337
4	Asian or Pacific Islander	60,385	72,077	81,566	68,700	81,687	76,886	75,931
5	Native American	3,917	5,972	9,370	16,168	15,372	21,414	20,139
6	Other	32,801	29,847	53,976	118,685	81,384	84,792	81,490
.	Missing*	206,143	191,990	166,964	194,189	148,732	176,491	179,492
.A	Invalid*	1	2	130	2	0	328	49
.B	Unavailable from source*	3,722,817	3,422,707	1,816,659	1,344,395	1,285,141	1,105,273	1,098,954

RACE   I:Race

		Percents						
Value	**Value Label**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	White	27.88	32.42	52.26	56.59	57.06	59.69	59.01
2	Black	3.23	3.17	7.08	10.63	11.02	11.45	11.39
3	Hispanic	4.66	3.95	6.31	6.13	6.67	7.03	7.34
4	Asian or Pacific Islander	0.96	1.17	1.32	1.05	1.28	1.14	1.16
5	Native American	0.06	0.10	0.15	0.25	0.24	0.32	0.31
6	Other	0.52	0.48	0.87	1.82	1.27	1.26	1.25
.	Missing*	3.29	3.12	2.69	2.97	2.33	2.63	2.74
.A	Invalid*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.B	Unavailable from source*	59.39	55.60	29.32	20.56	20.13	16.46	16.80

RACE   I:Race

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

HCUP-3 coding includes race and ethnicity in one variable (RACE). If the source supplied race and ethnicity in separate variables, ethnicity takes precedence over race in setting the HCUP-3 value for race.

Additional Notes Specific To NIS:

---- California ----

Beginning in 1995, California reports Spanish/Hispanic ethnicity as a category of race and as a separate variable. During HCUP-3 processing, patient race was assigned as Hispanic (RACE = 3) if the source coded either ethnicity or race as Spanish/Hispanic. Other categories of RACE were assigned from the source race variable.

The state data report in effect for 1988-1994 indicated that some California hospitals reported large numbers of patients as
"Other" or "Unknown" race. Prior to 1993, California performed edit checks on patient race and returned the data to hospitals for correction if more than a small percentage of records were "Other" or "Unknown" race. From 1993-1994, only extreme case were questioned and corrected. Information was not available about the prevalence of this practice or the occurrence after 1994.

---- Colorado ----

In 1993, Colorado Hospital Association began collecting patient race, but it was optional for hospitals to report this data to the hospital association.

---- Connecticut ----

Connecticut reports Spanish/Hispanic ethnicity as a category of race and as a separate variable. During HCUP-3 processing, patient race was assigned as Hispanic

RACE   I:Race

(RACE = 3) if the source coded either ethnicity or race as Spanish/Hispanic. Other categories of RACE were assigned from the source race variable. Some Connecticut hospitals use the Other category (RACE = 6) for most of their discharges.

---- Florida ----

Starting in 1992, Florida supplied RACE. The Hispanic category (RACE = 3) includes both "White Hispanic" and "Black Hispanic."

---- Iowa ----

Iowa does not separately classify Hispanic (RACE = 3). No documentation was available about how these were coded.

Iowa uses one category for "Other" and "Unknown", which is assigned to the HCUP-3 category for missing (.).

Some Iowa hospitals report "Other" race for all or a high percentage of their discharges. Some hospitals report "White" race for all discharges.

---- Maryland ----

Beginning in 1993

Maryland reported Hispanic ethnicity as a separate variable. If patient ethnicity was coded as Spanish/Hispanic origin, patient race was set to Hispanic (RACE = 3) during HCUP-3 processing.

Prior to 1993

Maryland did not report Hispanic ethnicity as a separate variable or category of race. Hispanic ethnicity (RACE = 3) is not coded in the 1988-1992 HCUP-3 Maryland data. The source documentation available for Maryland did not indicate which race code(s) were used for Hispanic ethnicity.

RACE   I:Race
___

---- New Jersey ----

Beginning in 1993

New Jersey reported Hispanic ethnicity as a separate variable. If patient ethnicity was coded as Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, Other or Unknown Hispanic), patient race was set to Hispanic (RACE = 3) during HCUP-3 processing.

Prior to 1993

New Jersey reported Hispanic ethnicity as a category of race. If New Jersey reported patient race as Hispanic, HCUP-3 assigned patient race as Hispanic (RACE = 3).

---- New York ----

New York reports race and ethnicity as separate variables. If patient ethnicity was coded as "Spanish/Hispanic Origin", patient race was set to "Hispanic" (RACE = 3) during HCUP-3 processing.

---- Pennsylvania ----

Beginning in 1995, Pennsylvania reported race of patient.

Pennsylvania reported Hispanic ethnicity as a separate variable. If patient ethnicity was coded as Hispanic origin or descent, patient race was set to Hispanic (RACE = 3) during HCUP-3 processing.

---- Wisconsin ----

After 7/1/90, Wisconsin supplied race and ethnicity in two separate variables. The ethnicity variable was used to assign Hispanic (RACE = 3) and the race variable was used to assign all other categories of RACE. Prior to 7/1/90, RACE was unavailable from source (.B).

SEQ   I:HCUP-3 record sequence number

Minimum						
1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
401290100001	400991300001	400992100001	401293100001	401594100001	400595100001	400596100001

Maximum						
1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
5517190100022	5517091400259	5517292401508	5517393550827	5517294401540	5517595402606	5517596402572

SEQ   I:HCUP-3 record sequence number

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

Sequence number (SEQ) is a unique number assigned to each discharge. SEQ does not match the sequence number, SEQ_SID.

Beginning in 1994

The Nationwide Inpatient Sample is sorted by SEQ. SEQ is only included in the Nationwide Inpatient Sample, not the State Inpatient Database.

SEQ_SID is included in both the Nationwide Inpatient Sample and the State Inpatient Database. SEQ_SID is identical for discharges present in both the HCUP-3 Nationwide Inpatient Sample and State Inpatient Database. The State Inpatient Database is sorted by SEQ_SID.

From 1988 - 1993

Both the Nationwide Inpatient Sample and the State Inpatient Database are sorted by SEQ. SEQ is identical for discharges present in both the HCUP-3 Nationwide Inpatient Sample and State Inpatient Database.

SEQ_SID is not included in either the HCUP-3 Nationwide Inpatient Sample or the State Inpatient Database.

SEQ_SID   **I:HCUP-3 SID record sequence number**

Minimum						
1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
				400594100001	400795100001	400696100001

Maximum						
1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
				5514794401540	5514995402606	5514396400147

SEQ_SID   I:HCUP-3 SID record sequence number

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*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

Sequence number (SEQ_SID) is a unique number assigned to each discharge beginning in 1994. SEQ_SID does not match the sequence number, SEQ.

Beginning in 1994

SEQ_SID is included in both the Nationwide Inpatient Sample and the State Inpatient Database. SEQ_SID is identical for discharges present in both the HCUP-3 Nationwide Inpatient Sample and State Inpatient Database.

The State Inpatient Database is sorted by SEQ_SID, and the Nationwide Inpatient Sample is sorted by SEQ.

From 1988 - 1993

SEQ_SID is not included in either the HCUP-3 Nationwide Inpatient Sample or the State Inpatient Database.

SEX   I:Sex

		Frequency Counts						
Value	**Value Label**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	Male	2,623,734	2,584,506	2,593,601	2,736,860	2,659,285	2,787,066	2,702,674
2	Female	3,644,444	3,571,358	3,601,651	3,801,214	3,724,805	3,926,839	3,838,855
.	Missing*	100	94	101	211	512	640	221
.A	Invalid*	0	1	0	5	2	94	20
.B	Unavailable from source*	0	0	0	0	0	0	0
.C	Inconsistent*	237	229	391	686	407	296	299

		Percents						
Value	**Value Label**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	Male	41.86	41.98	41.86	41.85	41.65	41.51	41.31
2	Female	58.14	58.01	58.13	58.13	58.34	58.48	58.68
.	Missing*	0.00	0.00	0.00	0.00	0.01	0.01	0.00
.A	Invalid*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.B	Unavailable from source*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.C	Inconsistent*	0.00	0.00	0.01	0.01	0.01	0.00	0.00

SEX   I:Sex

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*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

All non-male, non-female (e.g., "other") values are set to missing (.).

If SEX is inconsistent with diagnoses (ED101-ED1nn) or procedures (ED201-ED2nn), SEX is set to inconsistent (.C).

Additional Notes Specific To NIS:

---- Colorado ----

According to the documentation available from the source, "Other/Unknown" includes patients undergoing sex changes, undetermined sex, live births with congenital abnormalities, and patients whose sex was unavailable from any source document.

The source value for "Other/Unknown" was recoded to missing (.), during HCUP-3 processing of 1988-1992 discharges. Beginning in 1993, "Other/Unknown" was recoded to invalid (.A) during HCUP-3 processing.

---- Pennsylvania ----

In addition to the usual sex categories, the source reports an "Other/Unknown" sex category. These values are included under missing (.).

SURGID_S   I:Primary surgeon number (synthetic)

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	5,003,301	4,912,351	4,004,805	3,964,199	3,903,159	4,286,730	4,140,707
Char 16	Nonmissing synthetic surgeon ID	1,265,214	1,243,837	2,190,939	2,574,777	2,481,852	2,428,205	2,401,362

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
Blank	Missing*	79.82	79.80	64.64	60.62	61.13	63.84	63.29
Char 16	Nonmissing synthetic surgeon ID	20.18	20.20	35.36	39.38	38.87	36.16	36.71

SURGID_S   I:Primary surgeon number (synthetic)

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

SURGID_S contains a fixed-key (one-to-one) encryption of the supplied surgeon number (SURGID), according to the following rules:

-       All alphanumeric digits are used in the encryption.
-       All symbols such as ".,:;'*@" are retained in the encrypted value, but not in the same location.
-       Unprintable characters in the original value are also retained.
-       Leading zeros are encrypted so that the two original physician identifiers "000A0" and "A0" are distinctly different.
-       When the original attending physician and primary surgeon identifiers are the same, the synthetic identifiers, MDID_S and SURGID_S, are the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the surgeon identifier SURGID_S refers to individual physicians or to groups. If the surgeon numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether SURGID_S refers to individual physicians or to groups.

Additional Notes Specific To NIS:

---- All States ----

Beginning with NIS, Release 2 (1993), supplied surgeon identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP-3 inpatient data, the encrypted surgeon identifiers from 1993 on may not match those in earlier years. However, no null characters were found in the 1994 identifiers, and they were rare in prior years.

---- Arizona ----

The identification number for primary surgeons(SURGID_S) may not accurately track physicians across hospitals for the following reasons:

SURGID_S   I:Primary surgeon number (synthetic)

-      Some hospitals assign their own internal other physician identification numbers rather than using the license numbers issued by the licensing agency of the physician or other health care practitioner. Information was not available about the prevalence of this practice.

-      Some hospitals use one identification number for several physicians that are part of the same physician practice group. Information was not available about the prevalence of this practice.

Arizona's identification number for primary surgeons includes license numbers from the following board of examiners: Medical, Osteopathic, Podiatrists, and Nurses. In addition, Arizona accepts licensing numbers from other health practitioner licensing boards, but these boards are unspecified.

---- Colorado ----

The primary surgeon number (SURGID_S) may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Information was not available to determine the prevalence of this practice.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available about the prevalence of this practice.

---- Connecticut ----

Connecticut reports professional state license numbers as physician identifiers. Source documentation indicates that if a physician does not have a number (i.e., they are from out of state or a resident at the hospital), then the hospital can assign a separate identifying number.

---- Florida ----

Florida reports state license numbers as physician identifiers. Source documentation includes an extensive description of the allowable values in the field.

SURGID_S   I:Primary surgeon number (synthetic)

---- Illinois ----

For confidentiality purposes, SURGID_S was set to missing for all Illinois discharges prior to 1995. Beginning in 1995, physician identifiers were not available from the source.

---- Iowa ----

Beginning in 1994, Iowa reports a principal physician ID (SURGID_S) in addition to the attending physician ID (MDID_S).

Iowa reports Universal Physician Identification Numbers (UPIN) as physician identification numbers.

---- Maryland ----

Maryland reports a state license number assigned by the Medical Chirurgical Faculty of Maryland (MED CHI) as physician identifiers. Source documentation describes strict assignment and verification rules for this field.

---- Massachusetts ----

For confidentiality purposes, SURGID_S was set to missing for all Massachusetts discharges beginning in 1994.

---- Missouri ----

The primary surgeon identification number (SURGID_S) may not accurately track physicians across hospitals. Missouri accepts Universal Physician Identification Numbers (UPIN), state license numbers, and hospital-assigned physician identification numbers as primary surgeon numbers. According to the source, the majority of physician identifiers are UPINs.

SURGID_S   I:Primary surgeon number (synthetic)

---- New Jersey ----

The coding of primary surgeon identification number (SURGID_S) varies across years:

Year   Physician Identifier
1988-93   New Jersey state license numbers

1994-95   Universal Physician Identification Numbers (UPIN)

Beginning   New Jersey state license numbers.
in 1996

---- New York ----

New York reports state license numbers as physician identifiers. New York does not limit this field to physicians; dentists, podiatrists, psychologists, nurse/midwifes, and other licensed health care professional may be included. It is impossible to identify the different types of providers in the HCUP-3 data.

---- Pennsylvania ----

Pennsylvania reports a PA state license number for attending physicians (MDID_S) and primary surgeons (SURGID_S).

---- South Carolina ----

South Carolina reports six-character state license numbers as physician identifiers. When the source values were shorter than six characters, the HCUP-3 value was padded with blanks to bring it into conformity with South Carolina's format.

SURGID_S   I:Primary surgeon number (synthetic)

---- Tennessee ----

The primary surgeon identification number (SURGID_S) may not accurately track physicians across hospitals. Tennessee collects two different types of physician identifiers, depending on the type of identifier provided by the hospitals. Tennessee prefers Universal Physician Identification Numbers (UPINs) but also accepts state license numbers.

---- Washington ----

Washington reports this identifier as "Other Physician ID" which can refer to any physician who performs the procedure, not just a surgeon.

The Washington physician identifiers may not accurately track physicians across hospitals. Washington collects several different types of physician identifiers, depending on the type of identifier provided by the hospitals. Hospitals provide Medicaid, Universal Physician Identification Numbers (UPIN), and DOH/HPQAD license numbers as physician identifiers.

---- Wisconsin ----

Even if a procedure was performed, SURGID_S may be missing because:
-        Wisconsin specifications require that identifiers for non-physicians performing a procedure be removed and
-        Wisconsin requires a valid license number only if a physician performed a UHDDS class 1 or class 2 procedure.

The UHDDS system grouped ICD-9-CM procedure codes into four classes differentiated by impact on either the well-being of the patient or on the health care system.
The criteria used to classify procedures included procedural risk, anesthetic risk, and the need for highly trained personnel, special facilities or
special equipment. The classes are:
-        Class 1: Surgical
-        Class 2: Significant procedure (date required)
-        Class 3: Significant procedure (date not required)
-        Class 4: Minor procedures not normally coded on inpatient data.

SURGID_S may be coded with the consulting physician license number even if the record has no procedure.

SURGID_S   I:Primary surgeon number (synthetic)

The Wisconsin physician identifiers may not accurately track physicians across hospitals. Wisconsin collects Wisconsin Medical License Numbers as its physician identifier from most hospitals, but Unique Physician Identifiers (UPIN) are accepted from those hospitals that do not code Wisconsin License Numbers.

Only doctors of medicine and osteopathy are coded in this field. If the primary responsibility for the patient is in the hands of a non-physician care giver, this field is missing. Examples of non-physician care givers include dentists, podiatrists, and nurse midwives.

Beginning in 1995, physician identifiers were not reported in the source data. MDID_S and SURGID_S are blank for all records.

TOTCHG   I:Total charges (cleaned)

Value	Value Label	Frequency Counts						
		1990	1991	1992	1993	1994	1995	1996
.	Missing*	175,106	234,859	238,431	180,910	148,143	136,376	112,168
.A	Invalid*	0	0	0	2	7	64	22
.B	Unavailable from source*	0	0	0	0	0	0	0
.C	Inconsistent*	6,546	5,312	9,225	6,472	13,931	18,226	17,054
Dollars	Nonmissing total charge	6,086,863	5,916,017	5,948,088	6,351,592	6,222,930	6,560,269	6,412,825

Value	Value Label	Percents						
		1990	1991	1992	1993	1994	1995	1996
.	Missing*	2.79	3.82	3.85	2.77	2.32	2.03	1.71
.A	Invalid*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.B	Unavailable from source*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.C	Inconsistent*	0.10	0.09	0.15	0.10	0.22	0.27	0.26
Dollars	Nonmissing total charge	97.10	96.10	96.00	97.13	97.46	97.70	98.02

TOTCHG **I:Total charges (cleaned)**

Minimum						
1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
$0.00	$0.00	$1.00	$1.00	$1.00	$1.00	$1.00

Maximum						
1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
$4,039,338.00	$2,070,787.00	$4,503,479.00	$2,457,276.00	$3,360,787.00	$5,389,763.00	$70,000,000.00

Mean						
1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
$7,561.52	$8,718.03	$9,815.81	$9,919.79	$10,326.12	$10,375.38	$10,796.44

TOTCHG   I:Total charges (cleaned)

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

TOTCHG contains the total charge supplied by a data source with the following exceptions:

-        Values are rounded to the nearest dollar;
-        Zero charges are set to missing (.);
-        Negative charges are set to invalid (.A); and
-        If charges per day (TOTCHG/LOS) are unjustifiably low (ED911) or high (ED921), then TOTCHG is set to inconsistent (.C).

Additional Notes Specific To NIS:

---- Arizona ----

Beginning in 1996, Arizona included charges for professional fees and patient convenience items in its total charges. Any charges for professional fees and convenience items were subtracted from the reported total charges during HCUP-3 processing to make Arizona total charges (TOTCHG and TOTCHG_X) comparable to data from other states.

---- California ----

California supplied total charges only for the last 365 days of the stay for stays of more than one year (365 days). If the supplied length of stay was greater than 365 days,
-   cleaned total charges, TOTCHG, was set to missing (.) and
-   uncleaned total charges, TOTCHG_X, retained the supplied total charge.

Some hospitals in California (including all Kaiser and Shriner hospitals) were exempted from reporting total charges. For those hospitals, TOTCHG and TOTCHG_X

TOTCHG   I:Total charges (cleaned)

were missing (.).

Source documentation indicated that hospital-based physician fees were not included in the reported total charges.

No Charges

The source reported total charges with the value of 1 for discharges with no charges ($0). These records include live donors and courtesy or research patients. Values of 1 were verified with the hospital by the source.

Prior to 1995, total charges were set to missing (TOTCHG and TOTCHG_X = .) for these records during HCUP-3 processing. Beginning in 1995, only TOTCHG was set to missing (.) and TOTCHG_X retained the value of 1.

---- Colorado ----

According to the Colorado Hospital Association, hospital based physician fees are excluded from total charges (TOTCHG and TOTCHG_X).

---- Connecticut ----

Connecticut includes non-covered charges in the total charges if they are reported by hospitals, but does not report non-covered charges separately. The HCUP-3 uniform total charges (TOTCHG) could not be adjusted to exclude non-covered charges. (Non-covered charges include items such as telephone and television).

---- Illinois ----

Due to an error in HCUP-3 processing, a few zero charges occur in the Illinois 1990-1991 HCUP-3 Illinois files. Input values of zero were set to missing (.) before TOTCHG was rounded. If the input charge was between $0.01 and $0.49, then the rounded TOTCHG is 0.

TOTCHG   **I:Total charges (cleaned)**

---- Iowa ----

Beginning in 1993, Iowa includes professional fees in its total charges if the hospital combines hospital and professional bills. Professional fees are subtracted from total charges (TOTCHG and TOTCHG_X) during HCUP-3 processing to make Iowa total charges comparable to data from other states.

Prior to 1993, it was optional for hospitals to report total charges to the hospital association:

-        The availability of total charges varies by hospital.
-        Some hospitals have missing (.) total charges (TOTCHG and TOTCHG_X) on a large percentage of records.

---- Kansas ----

It was optional for hospitals to provide total charges to the hospital association. Approximately one fifth to one quarter of the discharges are missing total charges.

Some hospitals report total charges of $1.00 for all discharges. For 1993-1994, the $1.00 charges are included in the HCUP-3 data. Beginning with 1995, total charges of $1.00 in the Kansas inpatient data were set to missing (.).

Due to an error in 1994 HCUP-3 processing, TOTCHG_X values of "invalid" (.A) were recoded to TOTCHG values of "missing" (.).

---- Maryland ----

Maryland excluded the following from total charges:
-        Physician charges and
-        Charges not regulated by the Health Services Cost Review Commission (for example, telephone service, television charges or private duty nursing charges).

TOTCHG   I:Total charges (cleaned)

---- Massachusetts ----

Massachusetts included professional fees in its detailed and total charges, if these were included by the hospital. Hospitals are allowed, but not required, to report these professional fees in the charge fields. Individual facilities decide which professional fees are included and where. There is no way to determine which hospitals did or did not include professional fees.

---- Missouri ----

According to the Missouri Hospital Association, most hospitals excluded professional fees from total charges (TOTCHG and TOTCHG_X).

---- New York ----

For 1988-1992, when the length of stay from the Discharge Data Abstract did not equal the length of the billing period from the Uniform Billing Form, total charges (TOTCHG) was set to missing (.) because this billing information pertained only to the billing period, not the complete inpatient stay. However, TOTCHG_X contains the original value from the billing record.

Beginning in 1993, billing dates were not reported by New York and the adjustment was not made.

Due to an administrative change in the collection of billing records for 1989, a large percentage of the DDAs could not be matched to a UBF. When there was no match, charge information (TOTCHG and TOTCHG_X), which would have come from the UBF, is missing. The match rate improves over time and stabilizes after 1991. The percentage of DDA records that have a matching UBF record in the Master File are as follows:

1988	77.2%
1989	26.3%
1990	62.8%
1991	93.7%
1992	91.8%
1993	95.5%.

TOTCHG   I:Total charges (cleaned)

---- Oregon ----

Kaiser hospitals are exempt from reporting total charges. As a result, TOTCHG and TOTCHG_X are missing (.) for Kaiser hospitals   in Oregon.

Beginning in 1995, some hospitals did not report total charges (TOTCHG and TOTCHG_X) on charity bills since there are no charges to the patient.

---- Pennsylvania ----

To make Pennsylvania total charges (TOTCHG) comparable to data from other states, HCUP-3 processing ensured that non-covered charges and professional charges are excluded.

---- South Carolina ----

Beginning in 1996, professional fees and charges for patient convenience items were subtracted from the reported total charges during HCUP-3 processing to make South Carolina total charges (TOTCHG and TOTCHG_X) comparable to data from other states.

Prior to 1996, only professional fees were subtracted from the reported total charges because the source did not supply an itemized charge for patient convenience items.

---- Wisconsin ----

An error during HCUP-3 processing of 1993 discharges caused negative values of total charges (TOTCHG) to be set to missing (.) instead of invalid (.A). For other years, negative values of TOTCHG were processed correctly.

Wisconsin may have included professional fees and convenience items in its total charges. Hospitals are instructed to remove these fees from total charges, but some hospitals do not subtract them and others have had difficulties with their accounting software. There is no way to determine which hospitals did or did not include these items.

Hospitals are not required to report total charges for stays over 100 days.

TOTCHG_X   I:Total charges (from data source)

		Frequency Counts						
Value	**Value Label**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
.	Missing*	174,952	234,696	238,264	180,751	148,013	135,934	111,849
.A	Invalid*	0	0	0	0	0	54	7
.B	Unavailable from source*	0	0	0	0	0	0	0
Dollars	Non-missing total charge	6,093,563	5,921,492	5,957,480	6,358,225	6,236,998	6,578,947	6,430,213

		Percents						
Value	**Value Label**	**1990**	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
.	Missing*	2.79	3.81	3.85	2.76	2.32	2.02	1.71
.A	Invalid*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
.B	Unavailable from source*	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Dollars	Non-missing total charge	97.21	96.19	96.15	97.24	97.68	97.97	98.29

TOTCHG_X   I:Total charges (from data source)

*This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .B = negative 7-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

General HCUP-3 Coding Notes:

TOTCHG_X contains the total charge supplied by a data source, including cents and negative values, if supplied, with the following exceptions:

-        Zero charges are set to missing (.); and
-        Charges that round to zero are set to missing (.).

If charges per day (TOTCHG/LOS) are unjustifiably low (ED911) or high (ED921), then TOTCHG is set to inconsistent (.C); TOTCHG_X retains the original value submitted by the source.

Additional Notes Specific To NIS:

---- Arizona ----

Beginning in 1996, Arizona included charges for professional fees and patient convenience items in its total charges. Any charges for professional fees and convenience items were subtracted from the reported total charges during HCUP-3 processing to make Arizona total charges (TOTCHG and TOTCHG_X) comparable to data from other states.

---- California ----

California supplied total charges only for the last 365 days of the stay for stays of more than one year (365 days). If the supplied length of stay was greater than 365 days,
-        cleaned total charges, TOTCHG, was set to missing (.) and
-        uncleaned total charges, TOTCHG_X, retained the supplied total charge.

Some hospitals in California (including all Kaiser and Shriner hospitals) were exempted from reporting total charges. For those hospitals, TOTCHG and TOTCHG_X were missing (.).

TOTCHG_X   I:Total charges (from data source)

Source documentation indicated that hospital-based physician fees were not included in the reported total charges.

No Charges

The source reported total charges with the value of 1 for discharges with no charges ($0). These records include live donors and courtesy or research patients. Values of 1 were verified with the hospital by the source.

Prior to 1995, total charges were set to missing (TOTCHG and TOTCHG_X = .) for these records during HCUP-3 processing. Beginning in 1995, only TOTCHG was set to missing (.) and TOTCHG_X retained the value of 1.

---- Colorado ----

According to the Colorado Hospital Association, hospital based physician fees are excluded from total charges (TOTCHG and TOTCHG_X).

---- Connecticut ----

Connecticut includes non-covered charges in the total charges if they are reported by hospitals but, does not report non-covered charges separately. The HCUP-3 uniform total charges (TOTCHG_X) could not be adjusted to exclude non-covered charges. (Non-covered charges include items such as telephone and television).

---- Iowa ----

Beginning in 1993, Iowa includes professional fees in its total charges if the hospital combines hospital and professional bills. Professional fees are subtracted from total charges (TOTCHG and TOTCHG_X) during HCUP-3 processing to make Iowa total charges comparable to data from other states.

Prior to 1993, it was optional for hospitals to report total charges to the hospital association:

-       The availability of total charges varies by hospital.
-       Some hospitals have missing (.) total charges (TOTCHG and TOTCHG_X) on a large percentage of records.

TOTCHG_X   I:Total charges (from data source)

---- Kansas ----

It was optional for hospitals to provide total charges to the hospital association. Approximately one fifth to one quarter of the discharges are missing total charges.

Some hospitals report total charges of $1.00 for all discharges. For 1993-1994, the $1.00 charges are included in the HCUP-3 data. Beginning with 1995, total charges of $1.00 in the Kansas inpatient data were set to missing (.).

---- Maryland ----

Maryland excluded the following from total charges:
-        Physician charges and
-        Charges not regulated by the Health Services Cost Review Commission (for example, telephone service, television charges or private duty nursing charges).

---- Massachusetts ----

Massachusetts included professional fees in its detailed and total charges, if these were included by the hospital. Hospitals are allowed, though not required, to report these professional fees in the charge fields. Individual facilities decide which professional fees are included and where. There is no way to determine which hospitals did or did not include professional fees.

---- Missouri ----

According to the Missouri Hospital Association, most hospitals excluded professional fees from total charges (TOTCHG and TOTCHG_X).

TOTCHG_X   I:Total charges (from data source)

---- New York ----

For 1988-1992, when the length of stay from the Discharge Data Abstract did not equal the length of the billing period from the Uniform Billing Form, total charges (TOTCHG) was set to missing (.) because this billing information pertained only to the billing period, not the complete inpatient stay. However, TOTCHG_X contains the original value from the billing record.

Beginning in 1993, billing dates were not reported by New York and the adjustment was not made.

Due to an administrative change in the collection of billing records for 1989, a large percentage of the DDAs could not be matched to a UBF. When there was no match, charge information (TOTCHG and TOTCHG_X), which would have come from the UBF, is missing. The match rate improves over time and stabilizes after 1991. The percentage of DDA records that have a matching UBF record in the Master File are as follows:

1988	77.2%
1989	26.3%
1990	62.8%
1991	93.7%
1992	91.8%
1993	95.5%.

---- Oregon ----

Kaiser hospitals are exempt from reporting total charges. As a result, TOTCHG and TOTCHG_X are missing (.) for Kaiser hospitals in Oregon.

Beginning in 1995, some hospitals did not report total charges (TOTCHG and TOTCHG_X) on charity bills since there are no charges to the patient.

---- Pennsylvania ----

To make Pennsylvania total charges (TOTCHG_X) comparable to data from other states, HCUP-3 processing ensured that non-covered and professional charges are excluded.

TOTCHG_X   I:Total charges (from data source)

---- South Carolina ----

Beginning in 1996, professional fees and charges for patient convenience items were subtracted from the reported total charges during HCUP-3 processing to make South Carolina total charges (TOTCHG and TOTCHG_X) comparable to data from other states.

Prior to 1996, only professional fees were subtracted from the reported total charges because the source did not supply an itemized charge for patient convenience items.

---- Wisconsin ----

An error during HCUP-3 processing of 1993 discharges caused negative values of total charges (TOTCHG_X) to be set to missing (.): negative charges reported by the data source were not retained as reported in TOTCHG_X. For other years, negative values of TOTCHG_X were processed correctly.

Wisconsin may have included professional fees and convenience items in its total charges. Hospitals are instructed to remove these fees from total charges, but some hospitals do not subtract them and others have had difficulties with their accounting software. There is no way to determine which hospitals did or did not include these items.

Hospitals are not required to report total charges for stays over 100 days.

YEAR   Calendar year

Minimum						
1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
90	91	92	93	94	95	96

Maximum						
1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
90	91	92	93	94	95	96

YEAR   Calendar year

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General HCUP-3 Coding Notes:

Discharge year is <u>always</u> coded and has the format yy. For example, if the discharge year is 1990, then YEAR = 90.

HCUP-3 CODE BOOK
NIS 1990-1996 INPATIENT DATA

ZIPINC4   I:Median income-pt's zip code-4 categs

		Frequency Counts						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
1	$0-25,000	1,984,300	1,919,284	1,912,881	2,041,415	1,966,526	2,188,598	2,112,508
2	$25,001-30,000	1,330,998	1,293,800	1,306,622	1,352,790	1,325,480	1,341,732	1,306,268
3	$30,001-35,000	1,042,346	1,027,675	1,024,083	993,659	956,963	1,006,410	967,410
4	$35,001 +	1,722,221	1,718,362	1,736,469	1,860,877	1,889,946	1,916,714	1,859,051
.	Missing*	188,650	197,067	215,689	290,235	246,096	261,481	296,832

		Percents						
Value	Value Label	1990	1991	1992	1993	1994	1995	1996
1	$0-25,000	31.66	31.18	30.87	31.22	30.80	32.59	32.29
2	$25,001-30,000	21.23	21.02	21.09	20.69	20.76	19.98	19.97
3	$30,001-35,000	16.63	16.69	16.53	15.20	14.99	14.99	14.79
4	$35,001 +	27.47	27.91	28.03	28.46	29.60	28.54	28.42
.	Missing*	3.01	3.20	3.48	4.44	3.85	3.89	4.54

ZIPINC4   I:Median income-pt's zip code-4 categs

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General HCUP-3 Coding Notes:

There are two categorical median income ZIP code variables derived from the patient's ZIP code, one with four categories (ZIPINC4) and another more specific variable with eight categories (ZIPINC8). ZIPINC4 and ZIPINC8 are based on median household income.

To protect patient confidentiality, precautions are taken to mask the more specific eight-category variable. When only one or two ZIP codes were represented in a particular category in ZIPINC8 for a state, ZIPINC8 was set to missing and only ZIPINC4 is reported for that state. Otherwise both ZIPINC8 and ZIPINC4 are reported. The categories for ZIPINC4 were designed specifically so that no category would represent only one or two zip codes in any state.

For example, if in state A only 2 ZIP codes fall into the $25,001-30,000 median income range, then ZIPINC8 is missing (.) for all ZIP codes in state A.

The four-category variable (ZIPINC4) uses the following ranges of median household income:

    $0-25,000
    $25,001-30,000
    $30,001-35,000
    $35,001 +

ZIPINC4 is missing (.) when the patient's ZIP code was missing, invalid in 1990, or outside of the United States.

ZIPINC8   **I:Median income-pt's zip code-8 categs**

Value	Value Label	Frequency Counts						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	$0-15,000	164,622	160,388	160,338	195,581	187,605	190,450	183,456
2	$15,001-20,000	503,324	466,881	466,068	460,756	449,322	557,709	533,972
3	$20,001-25,000	1,169,788	1,141,415	1,137,959	1,116,996	1,080,229	1,207,189	1,163,731
4	$25,001-30,000	1,212,788	1,174,695	1,185,572	1,179,187	1,165,659	1,201,603	1,166,316
5	$30,001-35,000	1,009,301	988,795	986,169	939,727	906,561	963,385	924,511
6	$35,001-40,000	659,925	662,182	663,886	654,888	651,507	673,222	644,814
7	$40,001-45,000	434,949	426,082	431,533	417,747	439,783	444,678	432,337
8	$45,001 +	590,085	593,188	603,492	699,560	709,973	708,833	691,612
.	Missing*	523,733	542,562	560,727	874,534	794,372	767,866	801,320

ZIPINC8   **I:Median income-pt's zip code-8 categs**

Value	Value Label	Percents						
		1990	**1991**	**1992**	**1993**	**1994**	**1995**	**1996**
1	$0-15,000	2.63	2.61	2.59	2.99	2.94	2.84	2.80
2	$15,001-20,000	8.03	7.58	7.52	7.05	7.04	8.31	8.16
3	$20,001-25,000	18.66	18.54	18.37	17.08	16.92	17.98	17.79
4	$25,001-30,000	19.35	19.08	19.14	18.03	18.26	17.89	17.83
5	$30,001-35,000	16.10	16.06	15.92	14.37	14.20	14.35	14.13
6	$35,001-40,000	10.53	10.76	10.72	10.02	10.20	10.03	9.86
7	$40,001-45,000	6.94	6.92	6.96	6.39	6.89	6.62	6.61
8	$45,001 +	9.41	9.64	9.74	10.70	11.12	10.56	10.57
.	Missing*	8.35	8.81	9.05	13.37	12.44	11.44	12.25

ZIPINC8   I:Median income-pt's zip code-8 categs

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General HCUP-3 Coding Notes:

There are two categorical median income ZIP code variables derived from the patient's ZIP code, one with four categories (ZIPINC4) and another more specific variable with eight categories (ZIPINC8). ZIPINC4 and ZIPINC8 are based on median household income.

To protect patient confidentiality, precautions are taken to mask the more specific eight-category variable. When only one or two ZIP codes were represented in a particular category in ZIPINC8 for a state, ZIPINC8 was set to missing and only ZIPINC4 is reported for that state. Otherwise both ZIPINC8 and ZIPINC4 are reported. The categories for ZIPINC4 were designed specifically so that no category would represent only one or two zip codes in any state.

For example, if in state A only 2 ZIP codes fall into the $25,001-30,000 median income range, then ZIPINC8 is missing (.) for all ZIP codes in state A.

The eight-category variable (ZIPINC8) uses the following ranges of median household income:
    $0-15,000
    $15,001-20,000
    $20,001-25,000
    $25,001-30,000
    $30,001-35,000
    $35,001-40,000
    $40,001-45,000
    $45,001 +

ZIPINC8 is missing (.) when the patient's ZIP code was one of the following:
-       missing,
-       invalid in 1990,
-       outside of the United States, or
-       from a state in which any ZIPINC8 income category contained only 1 or 2 ZIP codes.